



LANCASHIRE COUNTY COUNCIL

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# REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1951

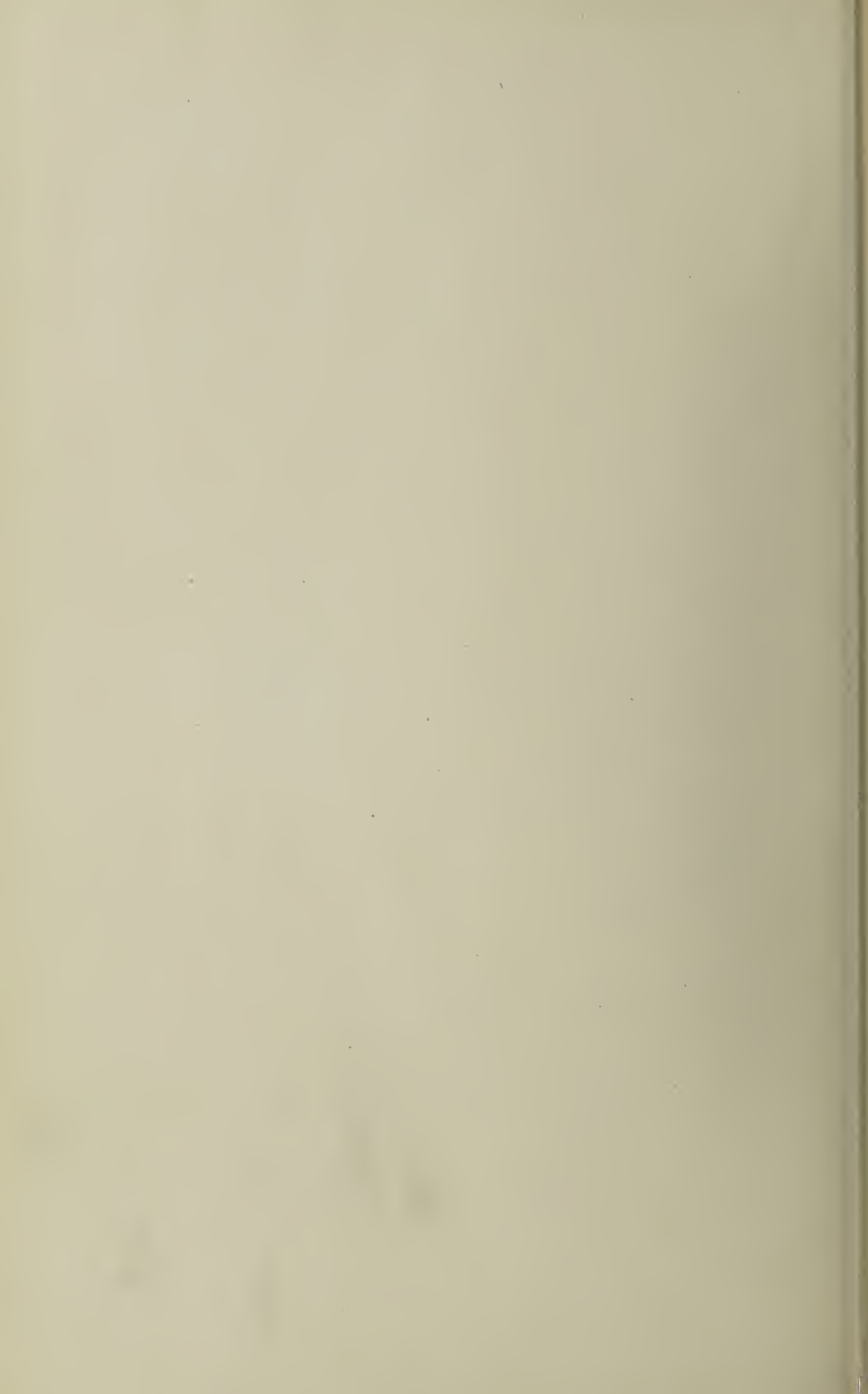
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*(Presented to the County Council, February 5th, 1953)*

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*F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool*



# PRINCIPAL CONTENTS

	Page
PUBLIC HEALTH AND HOUSING COMMITTEE .....	4
HEALTH COMMITTEE .....	5
STATISTICS AND SOCIAL CONDITIONS.....	11
GENERAL PROVISION OF HEALTH SERVICES .....	24
Health Centres .....	29
Care of Mothers and Young Children .....	30
Midwifery .....	41
Health Visiting .....	45
Home Nursing .....	46
Vaccination against Smallpox.....	48
Diphtheria Immunisation .....	51
Ambulance Service .....	54
Prevention of Illness, Care and After-Care .....	56
Home Help Service .....	69
Mental Health .....	70
Other Services .....	73
WELFARE SERVICES .....	76
SANITARY CIRCUMSTANCES .....	92
HOUSING .....	109
INSPECTION AND SUPERVISION OF FOOD .....	111
PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES .....	120
SHOPS ACT, 1950 .....	130
TABLES, ETC. ....	131
COMPARATIVE VITAL STATISTICS .....	181
INDEX .....	205

## PUBLIC HEALTH AND HOUSING COMMITTEE (1951-52)

## The Chairman of the County Council :

\*A. BATES, Esq., M.C., D.L.

## The Vice-Chairman of the County Council :

\*A. SMITH, Esq., C.B.E., J.P.

## The Chairman of the Health Committee :

\*H. LORD, Esq., M.B.E., J.P.

## Chairman of Committee :

\*Sir THOMAS TOMLINSON, J.P.

## Vice-Chairman :

W. J. THROUP, Esq.

## County Aldermen :

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W. J. LUCAS, Esq., J.P.

R. H. ROWLANDS, Esq.  
R. S. SCHOFIELD, Esq., J.P.

## County Councillors :

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H. BLACKBURN, Esq.  
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H. CORCORAN, Esq.  
S. CROSTON, Esq., J.P.  
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W. HOLDEN, Esq., J.P.

C. C. HOLT, Esq., J.P.  
T. HOURIGAN, Esq., J.P.  
F. LEVER, Esq.  
C. F. LOFTHOUSE, Esq.  
E. H. MARSH, Esq., J.P.  
F. L. NEEP, Esq.  
Miss F. M. OPENSHAW, J.P.  
D. PETERS, Esq.  
H. SCRAGG, Esq.  
E. S. SHARP, Esq., M.B.E., J.P.  
J. W. THORLEY, Esq.  
T. WARD, Esq., J.P.

(\* County Aldermen)



## HEALTH COMMITTEE (1951-52)

The Chairman of the County Council :

\*A. BATES, Esq., M.C., D.L.

The Vice-Chairman of the County Council :

\*A. SMITH, Esq., C.B.E., J.P.

The Chairman of the Finance Committee :

\*T. ATKINSON, Esq., J.P. (*died* 29.11.51)

The Chairman of the Public Health and Housing Committee :

\*SIR THOMAS TOMLINSON, J.P.

The Chairman of the Lancashire Education Committee :

\*Sir HENRY HANCOCK, J.P.

The Chairman of the School Health Sub-Committee :

\*W. J. LUCAS, Esq., J.P.

Chairman of Committee :

\*H. LORD, Esq., M.B.E., J.P.

Vice-Chairman :

\*J. EASTHAM, Esq., J.P.

County Aldermen :

T. BILLINGTON, Esq., J.P. (*died* 20.3.52)

W. J. GARNETT, Esq., D.L., J.P.

P. LEY, Esq., J.P.

R. S. SCHOFIELD, Esq., J.P.

Lady WORSLEY-TAYLOR, J.P.

County Councillors :

W. BAINES, Esq.

S. H. BAKER, Esq., J.P.

S. J. BARGH, Esq., J.P.

Mrs. G. M. BOARDMAN, J.P.

S. C. BOTTOMLEY, Esq.

Mrs. E. W. BROWN.

A. L. CHEALL, Esq.

D. CLIFT, Esq., M.A.

G. COCKCROFT, Esq., J.P.

H. DAVIES, Esq.

A. W. DAVISON, Esq., M.B., Ch.B.

J. W. GEERE, Esq.

T. HOURIGAN, Esq., J.P.

J. R. HULL, Esq.

J. ISHERWOOD, Esq.

Mrs. K. LOWE, J.P.

F. W. PICKLES, Esq.

F. S. QUAYLE, Esq. (*appointed* 26.7.51)

J. B. SMALLEY, Esq., J.P.

J. W. THORLEY, Esq.

W. J. THROUP, Esq.

C. E. TRAVIS, Esq. (*resigned* 7.1.52)

R. WEBSTER, Esq.

H. WELSBY, Esq. (*died* 30.5.51)

Mrs. B. F. WIGNALL, M.B.E.

Members appointed by—

*Lancashire Non-County Boroughs Association :*

W. H. FLOWERS, Esq., M.B.E., M.M.

W. TOWNSLEY, Esq.

*Lancashire Urban District Councils Association :*

T. FARRIMOND, Esq., J.P.

W. R. MARSH, Esq., J.P.

*Lancashire Branch of Rural District Councils Association :*

\*W. ALDERSON, Esq.

W. HELME, Esq.

*Lancashire Executive Council :*

\*Mrs. K. M. FLETCHER, M.A., J.P.

A. OWEN, Esq., M.B., Ch.B.

F. M. ROSE, Esq., M.B., Ch.B.

H. W. TOWNLEY, Esq., O.B.E.

*Lancashire County Local Medical and Panel Committee :*

A. CAMPBELL, Esq., L.M.S.S.A.

J. J. DEVLIN, Esq., L.R.C.P.I. & L.M., L.R.C.S.I.  
& L.M.*Manchester Regional Hospital Board :*

FIVE MEMBERS

NOT APPOINTED.

*Liverpool Regional Hospital Board :*

D. PLINSTON, Esq., J.P.

J. TAYLOR, Esq., J.P.

*Voluntary Organisations for the Care of Old People :*

County Old People's Welfare Committee :

Alderman Mrs. G. KEMBALL, J.P.

Lancashire County Citizens' Advice Bureau and Family Casework Committee :

Mrs. F. D. WEEKS, M.B.E.

(\* County Aldermen)

## COUNTY HEALTH STAFF (As at 31st December, 1951)

(Jointly with School Health Service)

## County Medical Officer of Health and School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

## Deputy County Medical Officer and Deputy School Medical Officer :

T. S. HALL, *M.B.E.*, *T.D.*, B.Sc., M.D., B.Ch., B.A.O., D.Obst.R.C.O.G., D.P.H.

## Chief Assistant County Medical Officers :

R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

## Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	J. PATTERSON, M.B., B.Ch., B.A.O., D.P.H.
2	J. A. TOMB, M.B., Ch.B., D.P.H.	*W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. ROBERTA T. RANKIN, M.B., Ch.B., D.P.H. MARY TOWNEND, M.B., Ch.B., D.P.H.
3	A. DODD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	N. BROUGHTON, M.B., Ch.B. H. KEMPSEY, M.B., Ch.B. G. A. STEELE, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. R. C. GUBBINS, M.B., Ch.B., D.P.H. IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	M. J. DONELAN, M.B., B.Ch., B.A.O., D.P.H. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. ALEXANDRINA M. M. PARKER, M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.T.M. & H., D.P.H. *C. ROYLE, M.B., Ch.B., D.C.H.
6	R. E. ROBINSON, M.A., M.R.C.S., L.R.C.P., D.P.H.	K. H. BAYATTI, L.R.C.P., L.R.C.S., L.R.F.P.S. J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H. ELSIE CATLOW, B.Sc., M.B., Ch.B., D.P.H., J.P.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	LILIAN W. HUGHES, M.B., Ch.B. SUSAN H. MONTGOMERY, M.B., Ch.B. H. W. RUTHERFORD, M.B., Ch.B., D.P.H. C. R. WILSON, M.B., Ch.B., D.P.H.
8	G. H. POTTER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	T. M. EDWARD, M.B., Ch.B. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *J. G. WOOLHAM, M.D., Ch.B., D.P.H.
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. G. G. W. HAY, M.B., Ch.B. DOROTHY M. JAMES, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D.

\* Part-time.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
10	A. C. CRAWFORD, <i>T.D.</i> , M.B., Ch.B., D.P.H., D.T.M.	HELEN G. M. BENNETT, M.B., Ch.B., D.P.H. E. A. LUMLEY, B.A., M.D., B.Ch., B.A.O., L.M., D.T.M. & H., D.P.H.
11	T. P. SEWELL, M.D., Ch.B., D.P.H.	EVELYN F. BEBBINGTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. S. DAVIDSON, M.R.C.S., L.R.C.P., D.P.H. BESSIE HOWARTH, M.B., Ch.B. *J. R. JAGGER, M.B., Ch.B., D.P.H. B. F. X. SCALLAN, B.Sc., M.B., B.Ch., B.A.O., L.M., D.P.H., T.D.D.
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13	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. J. BROOKS, M.R.C.S., L.R.C.P., D.P.H. MARGARET A. FEENEY, M.B., Ch.B., L.M., D.P.H.
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15	A. V. STOCKS, M.A., M.B., B.Ch., D.P.H.	JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H. *R. GARDNER, M.R.C.S., L.R.C.P. MARY HAMILL, M.B., B.Ch., B.A.O., D.P.H. HILDA M. LEVIS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. *A. E. WALL, M.B., Ch.B., D.P.H.
16	E. H. WALKER, M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B. J. N. DOBSON, M.B., Ch.B., D.P.H. BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. P. V. CANT, M.B., Ch.B. W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H. MARY EVANS, M.B., Ch.B., D.P.H.

\* Part-time.

## Senior Dental Officer :

*Vacant.*

## Dental Officers :

R. ACKERS, L.D.S.  
H. J. APLEYARD, L.R.C.P. & S., L.R.F.P.S., L.D.S.  
T. N. ASHALL, L.D.S.  
T. A. M. ASHMAN, L.D.S.  
JOAN M. BULLOUGH, L.D.S.  
\*A. E. BUTLER, L.D.S.  
MARGARET E. CALDWELL, L.D.S.  
R. V. CLARKE, L.R.C.P. & S., L.D.S.  
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D. DAVIES, M.B., Ch.B., B.D.S.  
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A. P. FINLAY, L.D.S.  
\*R. HAWKSWORTH, L.D.S.  
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ANNIE M. KEAN, L.D.S.  
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CONSTANCE MARSDEN, L.D.S.  
\*L. MASON, L.D.S.  
E. V. POLLITT, L.D.S.  
B. H. REID, L.D.S.  
G. C. ROYLEY, L.D.S.  
\*J. W. SIDEBOTTOM, L.D.S.  
H. O. SILCOCK, L.D.S.  
I. D. J. SMITH, L.D.S.  
\*J. SMITH, L.D.S.  
L. E. STIRZAKER, L.D.S.  
\*A. D. TORRY, L.D.S.  
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A. C. WALKER, L.D.S.  
\*T. K. WHITAKER, L.D.S.  
T. H. WIGNALL, L.D.S.  
L. C. WINSTANLEY, L.D.S.  
\*W. A. WOLFENDALE, L.D.S.  
BERTHA D. WORSWICK, B.D.S.  
\*W. WRIGHT, L.D.S.

\* Part-time.



## Ophthalmic Surgeons (part-time) :

E. ALLEN, M.B., Ch.B.  
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.  
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.  
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S.,  
L.R.C.P., D.O.M.S.  
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L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S.,  
D.O.M.S.  
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G. A. RENWICK, M.B., Ch.M.  
R. S. RITSON, M.A., M.B., Ch.B.  
DOROTHY SIMMONS, M.B., Ch.B.  
H. B. SMITH, M.B., B.Ch., B.A.O., M.Ch.(Ophth.),  
D.O.M.S.  
S. B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.  
H. V. WHITE, *M.C.*, M.D., Ch.B., L.M.S.S.A.

## Consultant Obstetricians :

W. R. ADDIS, *M.C.*, M.B., Ch.B., F.R.C.O.G.  
H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S.,  
L.R.C.P., M.R.C.O.G.  
R. H. J. M. CORBET, M.B., B.Ch., M.A.O.,  
F.R.C.S., F.R.C.P., F.R.C.O.G.  
J. J. B. DIAS, M.B., Ch.B., D.Obst.R.C.O.G.  
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S.,  
L.R.C.P., M.R.C.O.G.  
R. EVERETT, M.B., Ch.B., F.R.C.S., M.R.C.O.G.  
F. R. FAUX, M.B., Ch.B.  
R. L. HARTLEY, M.D., Ch.B., F.R.C.S.,  
M.R.C.O.G.  
H. C. HASLAM-FOX, M.B., Ch.B.  
S. B. HERD, M.D., Ch.B., F.R.C.O.G.  
E. HOLMES, M.B., Ch.B., F.R.C.S., L.R.C.P.,  
M.R.C.O.G.  
T. E. LENNON, M.D., Ch.B., M.R.C.O.G.  
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F.R.C.O.G.  
C. MCINTOSH MARSHALL, M.B., Ch.B., F.R.C.S.  
DOREEN M. MARTIN, M.B., Ch.B.,  
D.Obst.R.C.O.G.  
W. M. MARTIN, *M.C.*, M.D., Ch.B.,  
D.Obst.R.C.O.G., D.P.H.  
MARY H. MAYEUR, M.D., B.S., F.R.C.S.,  
M.R.C.O.G.  
ELEANOR M. MILLS, M.B., Ch.B., F.R.C.S.,  
L.R.C.P., M.R.C.O.G.  
LUCY M. SUTCLIFFE, M.B., Ch.B.,  
D.Obst.R.C.O.G., D.P.H.  
W. EWART C. THOMAS, B.Sc., M.B., Ch.B.,  
M.R.C.S., L.R.C.P., M.R.C.O.G.  
H. S. WATERS, M.A., M.B., B.Chir., F.R.C.S.,  
F.R.C.O.G.  
J. H. YOUNG, M.D., Ch.B., D.T.M. & H.,  
D.Obst.R.C.O.G.

## Welfare Services Organiser :

J. H. TYRRELL

## Ambulance Service Organiser :

T. PEARSON

## County Sanitary Officers :

J. C. ALMOND      J. ECKERSLEY      T. PICKERING      D. B. SOUTHWORTH  
AND 4 ASSISTANT COUNTY SANITARY OFFICERS.

## Supervisor of Midwives :

Miss V. R. SHAND

AND 2 ASSISTANT SUPERVISORS

## Superintendent School Nurse and Health Visitor :

Miss E. ROBINSON

AND 3 ASSISTANT SUPERINTENDENTS

## Superintendent of Home Nurses :

Miss L. JONES

AND 5 ASSISTANT SUPERINTENDENTS

\*234 Health Visitors/School Nurses.  
35 Tuberculosis Health Visitors.  
188 Midwives.  
226 Home Nurses.  
72 Nurse/Midwives.  
4 Nurses (Combined duties)  
58 Matrons of Day Nurseries.

17 Divisional Ambulance Superintendents.  
25 Duly Authorised Officers.  
9 Female Mental Health Workers.  
16 Home Help and Welfare Organisers.  
41 Home Teachers of the Blind.  
8 Supervisors of Occupation Centres.  
28 Wardens of Hostels and  
other Accommodation for the Aged and Infirm.

\* Includes 21 engaged in school nursing only.

## County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.

# REPORT

## OF THE

# MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1951.

*To the Chairman and Members of the Lancashire County Council.*

I have the honour of presenting for your consideration the sixty-third annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1951, together with the vital statistics relative to that period.

A feature of the year was the taking of the census, and the population of the Administrative County, according to the Preliminary Report, was 2,046,457, an increase of 15·0 per cent. during the inter-censal period of twenty years. The corresponding increase for England and Wales was 9·5 per cent. Noteworthy in the case of Lancashire is an increase of 43·5 per cent. in the total rural districts as compared with only 11·0 per cent. in the total urban areas of the Administrative County.

Live births during 1951 numbered 29,801, a decrease of 1,017 on the previous year's figures, and the resultant birth-rate at 14·62 per 1,000 population was in fact the lowest recorded since 1940. The number of births showed a reduction of more than 25 per cent. on the post-war "peak" year of 1947, when 40,137 births were registered and the birth-rate stood at 20·48 per 1,000. Thus, whereas in 1947 the natural increase in the population (i.e., the excess of live births over deaths) was 14,623, in the year under report it was no more than 1,531.

Deaths from all causes numbered 28,270, an increase of 1,985 over the figure for the previous year. The increase is attributable to deaths in the older age-groups (65 years and upwards) and it is interesting to note that deaths in these age-groups accounted for 65·9 per cent. of the total. Those at ages of 75 years or more accounted for no less than 35·9 per cent. of the total. It is obvious that an upward trend in the death-rate must now be expected in an ageing population such as that of Lancashire. One eminently satisfactory feature in relation to deaths in the Administrative County is the continued decrease in the number of those of persons aged less than 45 years.

In the case of two particular forms of mortality the vital statistics may be regarded as extremely satisfactory. The infant mortality rate, which furnishes the best single test of the well-being of a community, was at 29 per 1,000 live births the lowest rate ever recorded for the County. This is the fourth successive year in which a new low level in infant mortality has been achieved. Several factors must have contributed to the favourable trend over many years but especially the improvement in social conditions and the pronounced rise in the general standard of maternal and child care—the latter in turn due in large measure to the sustained and persistent efforts of the field staff engaged in the preventive and educative services of the County Council.

The other very satisfactory feature is the decrease in the number of deaths attributed to pregnancy and childbirth. The maternal mortality rate of 0·69 per 1,000 total births is the lowest ever recorded and is 0·28 per 1,000 less than the previous low record of 0·97 per 1,000 total births achieved in 1949. The introduction of antibiotic drugs in 1936 and the extension of the scope of life-saving measures rendered possible by the development of the Blood Transfusion Service have undoubtedly played a very important part in the remarkable decline in maternal mortality in recent years but another major factor has been the achievement of a high standard of normal midwifery technique and an increasing emphasis on ante-natal care following the introduction of the County Council's domiciliary midwifery service in 1937.

One of the subjects with which the Health Committee were especially concerned during the year was that of post-natal care, which is very necessary if the mother is to be left at the end of her lying-in period in as good a state of health as she was before she became pregnant. It is, therefore, pleasing to note that there is an increasing tendency for women to avail themselves of the facilities available for post-natal examination.

The maternity and child welfare centres provided by the County Council were again well attended and the total visits paid by Health Visitors to the homes of nursing mothers and young children substantially increased during the year. There is much room for the development of the Health Visiting Service, particularly as regards visitation of the aged and infirm, the handicapped and the chronic sick, but until the difficulties of recruiting sufficient health visiting staff are resolved there is little possibility of the staff being able to cope adequately with the new and extended duties placed upon them by the National Health Service Act.

Demands upon the Home Nursing Service were again increased during 1951, the number of cases attended being 7 per cent. more than the total for the previous year. Experience reveals that at least 37 per cent. of the cases attended by the domiciliary nurses are aged persons, and this is a proportion which is almost certain to increase for reasons already referred to. The nursing of the chronic sick at home



is a prominent feature of the times and it is hardly necessary to draw attention to the importance of the work of the domiciliary nurse, acting under the direction of the family doctor, in relieving pressure on hospital accommodation and in promoting the desired turn-over of hospital beds. In this respect the expansion of the Home Help Service can be fully justified and, although the cost of this service is very considerable and careful control is necessary, it should be remembered that the care and treatment of people in their own homes is more economical than the alternative of providing institutional care.

In the implementation of the County Council's scheme for the prevention of illness, care and after-care, the normal measures for the dissemination of health propaganda were supplemented during the year by the setting up of a complete exhibition designed to assist the public to understand the scope of the various services provided by the County Council and to enable them to make the proper and most effective use of those services. From the date of opening in May, 1951, the exhibition was staged in 18 different localities.

Development of the Welfare Services provided by the County Council under the National Assistance Act continued throughout 1951, particularly with regard to the provision of additional accommodation for the aged and infirm. In all, nine additional hostels were opened during the year, work of adaptation was in progress at a further three, and two hostels were in course of construction. Priority was given to arrangements for the carrying out of improvements in the allocated accommodation at former public assistance institutions and considerable progress was made during the year in this direction.

Continued progress was made in many districts with regard to the provision of wholesome water supplies and sewerage systems. Good work was done as regards the prevention of atmospheric pollution and considerable attention was devoted to the question of movable dwellings and camping sites, including the provision by means of a private Act (the Lancashire County Council (General Powers) Act, 1951) of additional powers in regard thereto.

There are indications that more attention is being devoted to cleanliness on the part of those responsible for the sale, storage and handling of food. There was a reduction in the number of reported cases of food poisoning from 838 in 1949 and 511 in 1950 to 109 in the year under review.

There was no undue prevalence of infectious disease in 1951. The incidence of acute poliomyelitis was little more than half that of the previous year, there being 83 cases as against 160 in 1950. Diphtheria notifications again showed a decrease, the cases numbering 38 as against 43 in 1950. It is gratifying to record a reduction in the number of deaths ascribed to respiratory tuberculosis which, at 529, represents the lowest figure yet attained in the Administrative County. Notifications of respiratory tuberculosis in 1951, however, increased to 1,838, or 341 more than in the previous year, being in fact the highest number received since 1925 when 1,846 cases were notified. The 1,838 notifications were equivalent to a case rate of 0.90 per 1,000 of the population, or 0.17 more than that for 1950. This increased incidence may in no small measure be due to the vigorous policies being pursued through the medium of continuous education of the public in health matters, coupled with the greatly increased numbers of persons now being subjected to radiography, the discovery of the infected individual being a necessary preliminary to the eradication of tuberculosis from the community.

A feature in the Report which may appear disquieting is the increase of notified respiratory tuberculosis in early childhood. The increase in notifications in this group may, however, be due to developments in the diagnostic field and in particular to the emphasis placed on certain diagnostic tests which are becoming more widely adopted in paediatrics. Certainly, notwithstanding the apparent higher incidence of respiratory tuberculosis in the population generally in Lancashire, there has not been any increase in tuberculous meningitis in early childhood such as might have been expected had the higher incidence mentioned increased the "pool" of infective cases or had there been any falling away in the efficacy of preventive measures.

Non-respiratory tuberculosis cases at 396 were five fewer than in 1950. Both the notifications and the case rate (0.19 per 1,000 population) constituted new low records for the Administrative County area. Non-respiratory tuberculosis accounted for 85 deaths as compared with 93 in the previous year. The number of deaths and the mortality rate were the lowest ever recorded in the County statistics.

In general, the responsible Committees of the County Council may feel that they can regard the findings for 1951 with satisfaction.

The administrative arrangements involving the Divisional Committees and Divisional Staffs proved effective and worked smoothly during the year.

In conclusion, I wish to express to members of the County Council the thanks of the Department for the interest they have taken in its work. To the Public Health and Housing Committee and to the Health Committee I am most grateful for their support and encouragement at all times and for their considerate administration.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,  
East Cliff County Offices,  
PRESTON.

October, 1952.



## STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

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**Physical features and general character of the County.**—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts to some 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to over 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leek, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around textile works, mining and quarrying.

**Area of Administrative County.**—According to the Preliminary Report on the Census, 1951, the area of the Administrative County as constituted on the 31st December, 1951, was 1,036,413 statute acres, representing a net loss of 1,249 acres during the year. In actual fact, 1,254 acres were transferred from the Administrative County area to County Boroughs as a result of the operation, from the 1st April, 1951, in each case, of the Bootle Extension Act, 1950, and the Oldham Extension Act, 1950. Under the former Act portions of the townships of Aintree, Netherton and Sefton in West Lancashire R.D., amounting to 649 acres with a Census, 1951, population of 3,697, were incorporated within the boundary of Bootle C.B. Under the Oldham Extension Act there were transferred to that county borough portions of the parishes of Alt, Bardsley and Woodhouses in Limehurst R.D., totalling 605 acres with a Census population of 2,103.

The balance between this loss to the Administrative County area by legislation and the above-mentioned net loss of 1,249 acres is presumably due to a gain of five acres by natural means during the intercensal period—i.e., the net effect of coastal erosion, estuary silting, sea recession, etc. Three County districts would appear to have been affected in this way, Widnes M.B. showing a loss of 14 acres during the period, Lytham St. Annes M.B. a gain of 12 acres and West Lancashire R.D. a gain of seven acres.

No change of boundary affecting the area of the Administrative County or of any County district took place between the date of the Census and the end of the year, so that the figures published in the Preliminary Report on the Census accurately represent the position at the 31st December, 1951. These acreages for all County districts are set out in Table 2, pages 134 to 141.

**Population of Administrative County.**—CENSUS, 1951.—The Fifteenth Census of the population of England and Wales was taken on the 8th April, 1951, and a Preliminary Report thereon was issued by the Registrar-General in June, 1951. The figures provided in the Preliminary Report are provisional and relate to the numbers only, by sex, of the population for the country as a whole and for administrative counties, county boroughs and county districts. They are subject to confirmation later in the substantive Census Reports, but past experience suggests that material discrepancies are unlikely to arise. The previous (fourteenth) Census of England and Wales was taken in April, 1931, and there has therefore been, for the first time since the series was begun in 1801, an interval of twenty years instead of the customary ten.

The population of the Administrative County as shown by the Preliminary Report was 2,046,457 (males 979,548, females 1,066,909). Compared with the enumerated population of the Census, 1931, related as nearly as possible to the same area, this shows an increase of 266,648 persons, equal to 15.0 per cent. of the 1931 total. The corresponding increase for England and Wales was 9.5 per cent.

The populations of the total urban districts, including municipal boroughs, and of the total rural districts were 1,737,038 and 309,419 respectively, as compared with 1,564,210 and 215,599 at the Census, 1931. The increases during the intercensal period therefore amounted to 11.0 per cent. and 43.5 per cent. respectively of the corresponding 1931 figure. The proportion of the total population in the urban section of the County had declined from 87.9 per cent. to 84.9 per cent. since 1931 and in the rural section the complementary increase had raised the proportion from 12.1 per cent. to 15.1 per cent.



Of the 109 districts in the Administrative County area 64, including all but one of the rural districts, showed an increase in population since the previous Census. The most outstanding change was at Huyton-with-Roby U.D. where the inter-censal increase amounted to 973·0 per cent. of the 1931 population, the greatest recorded in the Preliminary Report for any area of England and Wales.

Those County districts showing the greatest proportionate increase in population during the inter censal period were:—

<i>District</i>	<i>Proportion (per cent.) of 1931 population</i>	<i>District</i>	<i>Proportion (per cent.) of 1931 population</i>
Huyton-with-Roby U.D. ....	+ 973·0	Morecambe & Heysham M.B.	+ 50·8
Warrington R.D. ....	+ 147·1	Thornton Cleveleys U.D. ....	+ 50·0
Whiston R.D. ....	+ 117·3	Audenshaw U.D. ....	+ 49·6
Droylsden U.D. ....	+ 97·6	Poulton-le-Fylde U.D. ....	+ 49·6
Urmston U.D. ....	+ 79·4	Fulwood U.D. ....	+ 48·4
Fylde R.D. ....	+ 76·0	Denton U.D. ....	+ 47·3
West Lancashire R.D. ....	+ 68·8	Preston R.D. ....	+ 44·2
Kirkham U.D. ....	+ 66·8	Prestwich M.B. ....	+ 44·0

The districts showing the most marked proportionate diminution in population were:—

<i>District</i>	<i>Proportion (per cent.) of 1931 population</i>	<i>District</i>	<i>Proportion (per cent.) of 1931 population</i>
Trawden U.D. ....	— 17·1	Blackrod U.D. ....	— 12·4
Church U.D. ....	— 16·0	Rishton U.D. ....	— 12·3
Great Harwood U.D. ....	— 16·0	Lees U.D. ....	— 12·2
Crompton U.D. ....	— 14·9	Royton U.D. ....	— 11·5
Oswaldtwistle U.D. ....	— 14·7	Rawtenstall M.B. ....	— 11·1
Darwen M.B. ....	— 14·4	Whitworth U.D. ....	— 11·0
Padiham U.D. ....	— 13·8	Ashton-under-Lyne M.B. ....	— 10·9
Clayton-le-Moors U.D. ....	— 13·7	Bacup M.B. ....	— 10·8
Colne M.B. ....	— 13·6	Tottington U.D. ....	— 10·8
Mossley M.B. ....	— 13·5	Hindley U.D. ....	— 10·3
Haslingden M.B. ....	— 12·8	Nelson M.B. ....	— 10·2

The geographical relationship of the above-mentioned districts is at once striking, those showing a marked decrease in population during the period lying, with only one or two exceptions, in the eastern half of the County and those showing an increase considerably higher than that of the County as a whole lying in the coastal areas to the west, with the exception of certain districts adjacent to Manchester C.B. The experience of east Lancashire generally is in accord with the decline in the textile areas of the north-west of England which has been typical of the period since the first world war. In a majority of these areas, according to the Registrar-General, the incidence of the loss was higher in the years preceding 1939, the war and post-war influences appearing to have acted as a restraint upon the earlier tendencies rather than otherwise.

The loss of population sustained by east Lancashire is no doubt reflected, in some degree, in the large increases of the west of the County, but a further factor affecting the latter has been the transference of large numbers of population from the County Boroughs to adjacent County districts. Of the 17 County Boroughs in Lancashire no less than 12 showed population decreases during the inter-censal period. On this point the Registrar-General states in the Preliminary Report:—"The natural growth of towns or the amelioration of overcrowding in their denser central portions frequently involves encroachment into suburbs outside existing administrative boundaries; the latter are modified from time to time to give effect to the altered circumstances, but such changes usually take place at infrequent intervals and often lag behind the motivating increase in population, a condition which may be of significance at the present time in view of the general suspension of boundary changes which has been in operation since 1939."

HOME ESTIMATE, MID-1951.—The Registrar-General's estimate of the home population of the Administrative County as at the 30th June, 1951, was 2,039,000, a decrease of 8,010 as compared with the estimate of 2,047,010 for the previous year. This reduction of the estimate for 1951, together with the fact that the census population, more than 7,000 in excess of that figure, was less than the mid-1950 estimate, suggests that the recent pre-census estimates, whilst closely representing the state of the population, have erred slightly on the high side. This is borne out by the Registrar-General who, with regard to the estimates for the whole country, puts the over-estimate at the date of the Census at about 2 per 1,000 population and observes:—"A difference of this order is not large and serves generally to confirm the adequacy of the present estimate construction for the bulk of the practical purposes which the estimates are intended to serve." So far as the Administrative County is concerned the over-estimate would appear to be at least double that suggested by the Registrar-General for the country as a whole and, although the error is still very small, its effect in tending to reduce certain birth and death rates calculated on recent pre-census estimates must be borne in mind when attempting to compare such rates with the corresponding rates for the year under report.

The home population includes members of the armed forces stationed in the area and merchant seamen whether at home or overseas, but excludes members of the armed forces stationed outside England and Wales and non-civilians of foreign countries, Dominions, etc., temporarily in this country.

The *natural* increase in the population of the Administrative County, i.e., the excess of births over deaths, was 1,531, compared with 4,533 in 1950 and 6,605 in 1949.

The population estimates for each of the inter-censal years are shown in the following tabular statement together with the 1931 and 1951 Census figures, the former being unadjusted for subsequent changes in the constitution of the County area.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1931	1,795,073	—	1,531,112	—	263,961	—
1932	1,802,700	+ 7,627	1,536,200	+ 5,088	266,500	+ 2,539
1933	1,802,730	+ 30	1,570,232	+ 34,032	232,498	— 34,002
1934	1,807,090	+ 4,360	1,580,659	+ 10,427	226,431	— 6,067
1935	1,821,100	+ 14,010	1,591,510	+ 10,851	229,590	+ 3,159
1936	1,842,900	+ 21,800	1,606,500	+ 14,990	236,400	+ 6,810
1937	1,859,200	+ 16,300	1,616,700	+ 10,200	242,500	+ 6,100
1938	1,880,600	+ 21,400	1,631,900	+ 15,200	248,700	+ 6,200
1939	1,904,100	+ 23,500	1,643,500	+ 11,600	260,600	+ 11,900
1940	1,900,870	— 3,230	1,632,840	— 10,660	268,030	+ 7,430
1941	1,918,320	+ 17,450	1,641,020	+ 8,180	277,300	+ 9,270
1942	1,885,600	— 32,720	1,611,300	— 29,720	274,300	— 3,000
1943	1,848,650	— 36,950	1,580,760	— 30,540	267,890	— 6,410
1944	1,837,800	— 10,850	1,575,900	— 4,860	261,900	— 5,990
1945	1,832,420	— 5,380	1,575,290	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453
1949	2,035,380	+ 28,230	1,734,877	+ 15,210	300,503	+ 13,020
1950	2,047,010	+ 11,630	1,743,282	+ 8,405	303,728	+ 3,225
1951	*2,039,000	— 8,010	1,731,000	— 12,282	308,000	+ 4,272
	†2,046,457	— 553	1,737,038	— 6,244	309,419	+ 5,691

Note : During the years 1939-48 non-civilians are excluded. Estimates for remaining inter-censal years are of home population.

\* Estimated home population. † Census, 1951, population (Preliminary Report).

Table 2, pages 134 to 141, shows the estimated home population of each County district as at the 30th June, 1951, together with the Census, 1951, enumerations according to the Preliminary Report.

The following table gives the area, population, persons per acre, and acres per person of the Administrative County as constituted on the 31st December, 1951, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31.12.1951	Population		Persons per acre	Acres per person
		Preliminary Census, 1951	Estimated home population, mid-1951		
		Calculated on estimated home population			
Municipal Boroughs (26) .....	123,682	883,887	879,840	7.11	0.14
Urban Districts (68) .....	248,956	853,151	851,160	3.42	0.29
Rural Districts (15) .....	663,775	309,419	308,000	0.46	2.16
Administrative County (109).....	1,036,413	2,046,457	2,039,000	1.97	0.51



## VITAL STATISTICS

**Summary of Vital Statistics, 1889-1951.**—The following table compares the County birth and death-rates for the year 1951 with the previous year, and with the 62 years, 1889-1950, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	†Death-rate from cancer		
Mean of 5 years—						
1889-1895 (7 years) .....	30·34	18·76	*1·35	—	—	157
1896-1900 .....	27·73	17·24	1·14	—	—	165
1901-1905 .....	26·16	15·32	0·91	0·63	—	145
1906-1910 .....	24·02	14·03	0·86	0·71	—	125
1911-1915 .....	21·72	14·42	0·87	0·90	—	120
1916-1920 .....	18·09	14·47	0·93	1·08	—	95
1921-1925 .....	17·71	12·59	0·71	1·18	—	83
1926-1930 .....	14·56	12·49	0·60	1·36	—	74
1931-1935 .....	13·36	12·58	0·51	1·50	4·81	65
1936-1940 .....	14·05	13·16	0·44	1·60	4·13	58
1941-1945 .....	16·65	12·91	0·41	1·79	2·60	52
1946-1950 .....	17·40	12·58	0·35	1·87	1·17	41
Year—						
1950 .....	15·06	12·84	0·28	1·97	0·98	33
1951 .....	14·62	13·86	0·26	1·96	0·69	29
Increase or decrease in 1951 on—						
Mean of 5 years, 1946-50 .....	—2·78	+1·28	—0·09	+0·09	—0·48	—12
Previous year .....	—0·44	+1·02	—0·02	—0·01	—0·29	— 4

\* Six years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

*Note :* The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, i.e., they are neither "standardised" nor "corrected".

**Births and Birth-rates.**—**LIVE BIRTHS.**—The number of live births registered during the year ended 31st December, 1951, and belonging to the Administrative County—i.e., after accounting for inward and outward transfers—was 29,801, a decrease of 1,017 compared with the figure of 30,818 in 1950 and of 10,336, or more than 25 per cent., compared with that of 40,137 in the post-war peak year, 1947. It was, in fact, the lowest number of live births recorded since 1941, when 28,263 were registered as belonging to the Administrative County area.

The sex distribution of the children born alive during 1951 is shown below. For comparative purposes, the figures for each of the previous post-war years are also given. The continued decline in total live births occurring since 1947 will be noted.

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	15,899	14,966	30,865	2,374	2,225	4,599	18,273	17,191	35,464
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801

The excess of live births over deaths in the Administrative County in each of the 10 years, 1942-51, is shown below. This natural increase of the population must inevitably decline when a continuous reduction in the number of live births coincides with higher mortality resulting from the ageing process of the population.

*Excess of births over deaths :*

Year 1942 .....	6,898	Year 1947 .....	14,623
„ 1943 .....	7,508	„ 1948 .....	10,992
„ 1944 .....	10,655	„ 1949 .....	6,605
„ 1945 .....	6,411	„ 1950 .....	4,533
„ 1946 .....	11,179	„ 1951 .....	1,531

The number of registered births in each municipal borough, urban and rural district, together with the corresponding birth-rates, is given in Table 2, pages 134 to 141. On pages 182 to 203 the number of live births and corresponding rate for each County district are compared with those for each of the previous five years.

The 29,801 live births credited to the Administrative County represent a crude birth-rate of 14·62 per 1,000 of the estimated home population—the lowest rate recorded since 1940. The rate for the total urban districts in 1951 was 14·79 per 1,000 of the estimated home population and that for the rural districts 13·62, the latter being the lowest recorded since 1935.

As a matter of interest the crude live birth-rates of the Administrative County, the total urban districts and the total rural districts for each of the last 63 years and for the quinquennial periods are given in Table 1 on page 133.

The movement of the County, urban and rural live birth-rates during the 10 years, 1942 to 1951, is shown in the table below. The rates for England and Wales are also given, but it will be appreciated that the figures for the local areas represent crude rates which are not strictly comparable with each other or with the rates for the whole country. Further, the basis of the population estimates upon which the rates are calculated suffered the fluctuations inevitable in a period of war-time upheaval and post-war resettlement of the population. The estimates for the years 1942 to 1948 inclusive referred to civilians only and those for 1950 and 1951 to the home population. In 1949, estimates of both civilian and home populations were issued. All rates in the following table are calculated per 1,000 of the estimated civilian population except where otherwise indicated.

	Live birth-rate per 1,000 of the estimated population									
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Urban Districts .....	16·07	17·38	18·65	16·63	18·63	20·87	17·48	{ 16·18 *16·13 }	*15·22	*14·79
Rural Districts .....	15·42	16·98	18·61	16·50	17·09	18·12	15·64	{ 14·85 *14·39 }	*14·09	*13·62
Administrative County .....	15·97	17·32	18·64	16·62	18·42	20·48	17·21	{ 15·99 *15·87 }	*15·06	*14·62
England and Wales .....	17·0	18·1	19·8	17·8	20·2	21·1	18·1	{ 17·0 *16·7 }	*15·9	*† 15·5

\* Per 1,000 estimated home population.      † Provisional figure.

As will be seen from the above table, it is usual for the crude rate for the Administrative County to be below the rate for England and Wales, that for 1951 being 0·9 less than the provisional rate of 15·5 for the whole country. However, the County adjusted rate, mention of which is made in the following paragraph, reduces the difference to 0·6 per thousand.

ADJUSTED BIRTH-RATES.—Local birth-rates are normally expressed in terms of proportions of populations. These populations which are estimated by the Registrar-General, comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, affect the birth-rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. It is therefore apparent that the elimination or standardisation of such a factor enables a truer comparison, between areas, of those influences having a direct bearing upon reproductivity.

A result on these lines was for the first time obtained in 1950 by the issue by the Registrar-General of a comparability factor for each area for use with birth-rates, though unfortunately there is as yet no indication from the Registrar-General as to the basis on which the factors are computed. The adjusted birth-rate resulting from the multiplication of the crude birth-rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales, inasmuch as such a comparison reflects differences only in the intensity of the influences operating on the reproductive process.

The factor for the Administrative County is 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·08. The effect of these factors on the 1951 crude live birth-rates is shown below:—

				Administrative County			Urban Districts			Rural Districts
				Per 1,000 of estimated home population						
Crude rates	.....	.....	.....	.....	14·62	.....	14·79	.....		13·62
Adjusted rates		.....	.....	.....	14·91	.....	14·94	.....		14·71

The comparability factor for each County district is given on pages 182 to 203.



**ILLEGITIMATE LIVE BIRTHS.**—The number of births of illegitimate children belonging to the Administrative County and registered during 1951, compared with that for each of the previous post-war years, is shown below:—

Year	No. of illegitimate live births	Decrease on previous year	Percentage decrease on previous year	Percentage of total live births
1946	1,872	310	14.2	5.27
1947	1,616	256	13.6	4.02
1948	1,473	143	8.8	4.26
1949	1,291	182	12.4	4.00
1950	1,154	137	10.6	3.74
1951	1,119	35	3.0	3.75

The proportion of illegitimate to total live births was, at 3.75 per cent., slightly higher than the figure of 3.74 in 1950 which constituted the lowest proportion recorded since 1940. It was, however, still 0.52 below the average for the previous five years, 1946-50, and 1.03 below that for the war years, 1940-45. Nevertheless, the post-war decline in the proportion of illegitimacy was not continued during the year under report and the lowest recorded in the period is still appreciably higher than that for 1938 and the average of the preceding five years, 1933-37, viz., 3.23 per cent.

**STILLBIRTHS.**—The number of registered stillbirths assigned to the Administrative County during 1951 was 752, or 49 less than in the previous year. The resultant rate was, for the fifth successive year, 25 per 1,000 total (live and still) births, the lowest figure ever recorded in the County. It is noteworthy also, that, for the fourth successive year, the rate for England and Wales remained at 23 per 1,000 total births. Expressed per 1,000 of the estimated home population the Administrative County rate was 0.37 compared with a provisional rate of 0.36 for the whole country.

The following statement shows the number of stillbirths and the equivalent rate per 1,000 total births for each of the six post-war years:—

Year	Total No. of live and stillbirths registered	No. of stillbirths registered	Rate per 1,000 total births
1946	36,601	1,137	31
1947	41,203	1,066	25
1948	35,481	920	25
1949	33,143	836	25
1950	31,619	801	25
1951	30,553	752	25

The local variation in the stillbirth rates in the area of the Administrative County is shown in Table 2, pages 134 to 141.

**Deaths and Death-rates.**—For the purpose of mortality statistics the Registrar-General reverted, in 1950, to the pre-war practice of including therein deaths of members of H.M. Forces. The statistics published in this and earlier reports for the years 1940 to 1949 inclusive relate to civilians only, and this should be borne in mind in perusing the following tables.

The total number of registered deaths assignable to the Administrative County during 1951—i.e., after correction for inward and outward transfers—was 28,270, an increase of 1,985 over the figure of 26,285 for the previous year.

The sex distribution of the persons dying during 1951 is shown below, together with that for each of the preceding five years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	10,636	10,603	21,239	1,551	1,495	3,046	12,187	12,098	24,285
1947	11,491	10,835	22,326	1,653	1,535	3,188	13,144	12,370	25,514
1948	10,642	9,999	20,641	1,551	1,377	2,928	12,193	11,376	23,569
1949	11,360	11,202	22,562	1,601	1,539	3,140	12,961	12,741	25,702
1950	11,462	11,518	22,980	1,700	1,605	3,305	13,162	13,123	26,285
1951	12,477	12,153	24,630	1,866	1,774	3,640	14,343	13,927	28,270

The following table shows, in age periods, the deaths in 1951 and in each of the previous ten years:—

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1941	1,754	584	477	2,868		6,720	12,653		25,056
1942	1,593	386	350	2,427		6,365	12,108		23,229
1943	1,735	409	304	2,308		6,429	13,341		24,526
1944	1,594	337	338	2,118		6,223	13,003		23,613
1945	1,525	324	293	2,007		6,241	13,654		24,044
1946	1,664	250	210	2,047		6,206	13,908		24,285
1947	1,891	285	213	1,990		6,216	14,919		25,514
1948	1,387	257	189	1,761		6,018	13,957		23,569
1949	1,239	253	169	1,737		6,392	15,912		25,702
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270

It will be observed that the decline in the number of deaths of persons aged less than 45 years continued during the year under report, but was more than offset by the increasing mortality at ages of 65 years or more. The increasing preponderance of deaths in this age-group, which amounted to 65·9 per cent. of the total, is, of course, directly connected with the continued ageing of the population and, for this reason, a rise in the crude death-rate of the County is not unexpected. Particularly noteworthy is the fact that, of the total deaths, those occurring at ages of 75 years or more accounted for no less than 35·9 per cent. Deaths of children under 15 years of age represented 4·3 per cent. of the total and those of persons aged 15 to 44 years inclusive 5·6 per cent.

A classified statement of the causes of death in 1951, by age-group and sex, for the County and the aggregates of the urban and rural districts is given in Table 4, page 147. Details of the deaths in the various sanitary areas, classified according to the Short List based on the Sixth Revision of the International Lists, are given in Table 3, pages 142 to 146, and total deaths by sex are shown for each district in Table 2, pages 134 to 141.

The following table shows the crude death-rates of the County for the ten years 1942 to 1951, together with those for the urban and rural areas and for England and Wales. All the rates except those for 1950 and 1951 are calculated on civilian deaths and estimated civilian populations. The 1950 and 1951 rates, as stated earlier in this section of the report, are calculated on estimated home populations and take account of deaths of members of H.M. Forces stationed in the area.

	Crude death-rate per 1,000 of the estimated population									
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Urban Districts .....	12·59	13·51	13·02	13·39	12·82	13·25	12·00	13·05	13·18	14·23
Rural Districts .....	10·68	11·79	11·64	11·45	11·32	11·59	10·18	10·78	10·88	11·82
Administrative County .....	12·31	13·26	12·84	13·12	12·61	13·02	11·74	12·72	12·84	13·86
England and Wales .....	12·3	13·0	12·7	12·6	12·0	12·3	11·0	11·8	11·6	*12·5

\* Provisional figure.

The annual death-rates and quinquennial averages since the year 1889 for the County and the aggregated urban and rural districts are given in Table 1 on page 133. The crude death-rate and certain specific mortality rates in 1951 for each County district are compared on pages 182 to 203 with those of each of the preceding five years.

*Adjusted death-rates.*—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death-rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution, the two elements being combined in indistinguishable proportions. In order to compare the mortality factors operating in one area with those of other areas, it is first necessary to identify and remove the population variable in each case, and this is achieved by multiplying the crude death-rate of each locality concerned by the appropriate area comparability factor. The resultant adjusted death-rates may be regarded as comparable with each other or with the crude death-rate for England and Wales, inasmuch as they reflect differences only in the intensity of the mortality factors operating.



The factor for the Administrative County for 1951 is 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·03. The effect of these factors on the 1951 death-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
Per 1,000 of estimated home population			
Crude rates .....	13·86	14·23	11·82
Adjusted rates .....	14·14	14·37	12·17

The provisional 1951 death-rate for the whole of England and Wales, at 12·5, was 1·4 per 1,000 less than the crude rate for the County but 1·6 below the adjusted rate.

The comparability factor for each County district is shown on pages 182 to 203.

PRINCIPAL CAUSES OF DEATH.—Particulars were given in the Report for 1950 of the adoption by the World Health Organisation of the Sixth Revision of the International Lists of Diseases and Causes of Death and the consequent introduction by the Registrar-General of a new Short List of 36 Causes of Death under which, from 1950, the annual mortality statistics were to be issued by him to local medical officers of health. As stated at greater length in that Report, the absence of any guidance from the Registrar-General as to the effect of the new classification on certain specific causes of death has left in doubt the validity of a comparison between mortality from such causes in the period prior to, and that in the period after, the revision. In certain instances, therefore, no attempt has been made in the following paragraphs to compare the mortality of the year under report with any but the mortality of 1950.

The relative importance of the principal causes of death is shown in the following statement:—

Cause of death	1951	
	No. of deaths	Percentage of total deaths
Heart disease (all forms) .....	9,543	33·8
Cancer (including Hodgkin's disease, leukaemia and aleukaemia) .....	3,988	14·1
Vascular lesions of nervous system .....	3,660	12·9
Bronchitis .....	2,155	7·6
Influenza .....	1,181	4·2
Pneumonia (excluding pneumonia of newborn) .....	927	3·3
Other circulatory disease .....	916	3·2
Violence (including all accidents, suicide and homicide) .....	878	3·1
Tuberculosis (all forms) .....	614	2·2
Nephritis and nephrosis .....	422	1·5

An examination of the age-grouping of the major causes of death reveals that, of the 9,543 deaths ascribed to heart disease, 7,323 or 76·7 per cent. were of persons aged 65 years and over; of the 3,988 cancer deaths, 2,179 or 54·6 per cent.; of the 3,660 due to vascular lesions of the nervous system, 2,877 or 78·6 per cent.; of the 2,155 bronchitis deaths, 1,501 or 69·7 per cent.; of the 1,181 influenza deaths, 872 or 73·8 per cent.; of the 927 pneumonia deaths, 558 or 60·2 per cent.; whilst of the 916 classified to other circulatory disease there were 753 or 82·2 per cent.

In the following paragraphs reference is made to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 14, the death-rates, unless otherwise stated, are “crude” rates, and in considering the statistics the ageing of the population should be borne in mind. Under these conditions the crude death-rates of diseases mainly affecting elderly people, such as heart disease, cancer, vascular lesions of the nervous system, etc., are likely to be affected by the population variable and no more subtle mortality factor need necessarily be inferred.

HEART DISEASES.—From 1950 particulars of deaths from the various heart diseases have been subdivided into the three groups—“coronary disease, angina”, “hypertension with heart disease” and “other heart disease”. The deaths classified to these causes and assigned to the Administrative County in 1951 and the preceding year, together with the equivalent mortality rates, are set out below:—

Classification	No. of deaths		Death-rate per 1,000 estimated home population	
	1950	1951	1950	1951
Coronary disease, angina .....	2,691	2,914	1·31	1·43
Hypertension with heart disease .....	720	804	0·35	0·39
Other heart disease .....	5,734	5,825	2·80	2·86
Heart disease—all forms .....	9,145	9,543	4·47	4·68



It will be seen that the total fatalities in 1951 represented an increase of 398 over those for the previous year, the corresponding increase in the mortality rate being 0·21 per 1,000 of the estimated home population. As stated above, increases in the crude rates from such causes as heart disease are not unexpected in view of the continued ageing of the population. The population estimate has, in its total form as well as in its variation in age constitution, also affected the relationship of the two rates quoted. Mention is made on page 12 of the apparent slight inflation of recent pre-Census population estimates. The approximate effect of this on the rate for 1950 was to reduce it by 0·02 per 1,000. With these observations in mind the following tabular statement, showing the number of registered deaths from heart disease and the equivalent mortality rate for 1951 and each of the previous ten years, serves merely to indicate the crude mortality trend:—

Year	No. of deaths	Crude death-rate per 1,000 population
1941 .....	5,960	3·10
1942 .....	5,884	3·12
1943 .....	6,150	3·32
1944 .....	6,311	3·43
1945 .....	6,641	3·62
1946 .....	6,873	3·57
1947 .....	7,420	3·78
1948 .....	7,148	3·56
1949 .....	8,328	4·12
1950 .....	9,145	4·47
1951 .....	9,543	4·68

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1951 are shown in Table 3, pages 142 to 146. Table 4, page 147, shows the totals by age-group and sex assigned to the aggregate urban districts, the aggregate rural districts and the Administrative County.

**MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.**—This title embraces items 10-15 inclusive of the new Short List of 36 Causes of Death as set out in Table 4, page 147. It is not strictly comparable with the general title of "cancer" used for statistics prior to 1950 by virtue of the inclusion in it of deaths from Hodgkin's disease, leukaemia and aleukaemia which were excluded from the latter title. The deaths from the constituent causes assigned to the Administrative County in 1951 and the previous year are given below by sex:—

Classification	1950			1951		
	Males	Females	Total	Males	Females	Total
Malignant neoplasm—						
Stomach.....	431	385	816	422	356	778
Lung, bronchus .....	409	82	491	483	85	568
Breast .....	6	351	357	4	337	341
Uterus .....	—	208	208	—	188	188
Other malignant and lymphatic neoplasms .....	1,127	968	2,095	1,118	921	2,039
Leukaemia, aleukaemia .....	31	36	67	37	37	74
Total—all forms .....	2,004	2,030	4,034	2,064	1,924	3,988

There was therefore a reduction in total deaths of 46 as compared with 1950. The mortality rate produced by the 3,988 deaths in 1951 at 1·96 per 1,000 estimated home population represented a reduction of 0·01 per 1,000 from the previous year and was the same as the provisional rate for England and Wales. The rates for the total urban districts and total rural districts were 2·01 and 1·66 respectively, compared with 2·03 and 1·65 respectively in 1950.

The numbers of deaths assigned to each County district in 1951 and classified to the six groups of causes comprising the above heading are shown in Table 3, pages 142 to 146. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age group in Table 4, page 147.

**VASCULAR LESIONS OF NERVOUS SYSTEM.**—The 3,660 deaths ascribed to this condition in 1951 were 179 more than the number for the previous year and were equivalent to a rate of 1·79 per 1,000 of the estimated home population compared with that of 1·70 for 1950. They amounted to 12·9 per cent. of the total deaths from all causes.

This condition, like heart disease and cancer, is one which principally affects older people. Of the 3,660 deaths classified to vascular lesions of the nervous system during 1951, 2,877 or 78·6 per cent. were of persons aged 65 years or more. The following table shows the total deaths in 1951 classified according to certain age-groups and by sex, compared with those for the previous year.

Age group— Years	1950			1951		
	Males	Females	Total	Males	Females	Total
0—	—	—	—	1	—	1
1—	—	—	—	1	1	2
5—	—	—	—	1	1	2
15—	1	3	4	3	2	5
25—	31	23	54	29	29	58
45—	300	421	721	303	412	715
65—	541	704	1,245	585	754	1,339
75—	586	871	1,457	630	908	1,538
All ages	1,459	2,022	3,481	1,553	2,107	3,660

The deaths from vascular lesions of the nervous system assignable to each County district during 1951 are shown in Table 3, pages 142 to 146, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age-group in Table 4, page 147.

**BRONCHITIS.**—There were 2,155 deaths assigned to this cause in the Administrative County during 1951, an increase of 466 over the figure for the previous year. These were equivalent to a death-rate of 1·06 per 1,000 of the estimated home population—0·23 per 1,000 less than the rate for 1950. The rates for the total urban and the total rural districts were 1·14 and 0·58 per 1,000 respectively. Of the 2,155 deaths, which represented 7·6 per cent. of the total deaths from all causes, 1,501 or 69·7 per cent. were of persons aged 65 years or more.

**INFLUENZA.**—Not normally a cause of heavy mortality, influenza was raised by the severe epidemic early in the year to the fifth major cause of death in 1951. The number of deaths assigned to the Administrative County area was 1,181, an increase of 943 or nearly 400 per cent. over the previous year's total of 238. The equivalent mortality rate was 0·58 per 1,000 of the estimated home population—0·46 per 1,000 above the rate for 1950. Deaths from influenza amongst persons aged 65 years or more numbered 872, or 73·8 per cent. of the total at all ages.

**PNEUMONIA.**—As pointed out in the Report for 1950, the essential difference between the classification of pneumonia deaths under the new Short List and that used in the previous decade appears to be the exclusion from the former of deaths under 4 weeks of age, which are now included in "other defined and ill-defined diseases". This anomaly is to be smoothed out in the statistics to be issued to local medical officers of health for the year 1952, when neo-natal deaths from pneumonia (i.e., deaths classifiable to "pneumonia of the newborn") will again be included under the general heading "pneumonia".

The fatalities classified to pneumonia and assigned to the Administrative County during 1951 numbered 927, producing a mortality rate of 0·45 per 1,000 of the estimated home population, as compared with 718 deaths and a rate of 0·35 per 1,000 in 1950. The 927 deaths amounted to 3·3 per cent. of the total deaths from all causes.

**VIOLENCE.**—Deaths from violence are represented by four items in the new Short List used by the Registrar-General—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1951 are shown, together with those for the previous year, in the following table:—

Classification	1950			1951		
	Males	Females	Total	Males	Females	Total
Motor vehicle accidents	160	48	208	153	52	205
All other accidents	275	197	472	233	198	431
Suicide	143	90	233	139	78	217
Homicide and operations of war	8	6	14	23	2	25
Total	586	341	927	548	330	878

The mortality rate from all forms of violence for the Administrative County was 0·43 per 1,000 of the home population in 1951 as compared with 0·45 in 1950. Of the total deaths from all causes, the group of causes relating to violence accounted for 3·1 per cent.



**TUBERCULOSIS.—Respiratory.**—The deaths assigned to the Administrative County in 1951 numbered 529, or 44 less than in the previous year, and were equivalent to a death-rate of 0·26 per 1,000 of the estimated home population, the lowest ever recorded and 0·02 per 1,000 less than the previous lowest of 0·28 in 1950. The provisional rate for England and Wales was 0·28 per 1,000 home population.

A more detailed consideration of the notifications of, and deaths from, tuberculosis of the respiratory system is given on pages 125 to 129 in the section relating to "Prevalence of, and Control over, Infectious Diseases". The death-rate from respiratory tuberculosis for each urban and rural district in the County area for 1951 is given in Table 28, pages 178 to 180, and the deaths classified to this disease in each district are shown in Table 3, pages 142 to 146. Table 4, page 147, analyses by sex and age-group the deaths from this cause in the aggregate urban districts, the aggregate rural districts and the Administrative County.

**Non-respiratory.**—The 85 deaths from non-respiratory tuberculosis assigned to the Administrative County in 1951 and the resultant death-rate of 0·04 per 1,000 of the estimated home population were each the lowest figure recorded in respect of this cause, being eight deaths and 0·01 per 1,000 less than the previous lowest of 1950.

Further reference to the mortality from, and incidence of, non-respiratory tuberculosis is made in pages 125 to 129.

**TRANSFERABLE DEATHS.**—During the year under report the following "transfers" were made:—8,140 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided, and these (known as inward transfers) were allocated to their proper districts; 7,276 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

**Maternal Mortality.**—The number of deaths classified to "pregnancy, childbirth, abortion" and assigned to the Administrative County in 1951 was 21, or 10 less than the total for 1950 which was itself the lowest number ever before recorded in County statistics. The resultant mortality rate of 0·69 per 1,000 total births was the lowest ever recorded, being 0·28 per 1,000 less than the previous low record of 0·97 achieved in 1949.

Thus the remarkable decline of maternal mortality which, with only slight and temporary set-backs in 1945 and 1950, has been a feature of the recent war and post-war years was continued by a most gratifying fall in 1951, as the following statement shows:—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1939	*28,406	107	3·76	3·13
1940	*28,784	98	3·40	2·68
1941	*29,861	97	3·24	2·80
1942	31,314	83	2·65	2·48
1943	33,272	88	2·64	2·29
1944	35,319	77	2·18	1·92
1945	31,426	73	2·32	1·79
1946	36,601	52	1·42	1·43
1947	41,203	56	1·35	1·17
1948	35,481	38	1·07	1·02
1949	33,143	32	0·97	0·98
1950	31,619	31	0·98	0·87
1951	30,553	21	0·69	†0·79

\* Specially compiled figures for the calculation of maternal mortality rates.

† Provisional figure.

It will be observed from the above table that, in the relatively short period under consideration, maternal mortality in the Administrative County has declined to less than one-fifth of its level in 1939.

The maternal mortality rate for the urban districts of the County in 1951 was 0·76 per 1000 total births—a decrease of 0·12 and 0·36 respectively as compared with the rate for the previous year and the average rate for the previous five years, 1946-50. The corresponding decreases represented by the rate of 0·23 per 1,000 total births for the aggregate rural districts were 1·36 and 1·27 respectively.

The maternal mortality rate for each County district for the year 1951 is given in Table 2, pages 134 to 141, and on pages 182 to 203, where it is compared with the rate for each of the previous five years and the average rate for that period.

**Investigation of Maternal Deaths.**—The Minister of Health considers that it is still necessary to investigate each maternal death as a matter of routine and, in the County area, such investigations are carried out by the Divisional Medical Staffs. A confidential report prepared on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

**Infant Mortality.**—During 1951 there were 870 deaths of infants under 1 year of age assigned to the Administrative County—a decrease of 134 compared with the figure for the previous year. The resultant mortality rate of 29 per 1,000 live births was the lowest ever recorded, this being the fourth successive year in which a new low level record in infant mortality was achieved. The previous lowest, in 1950, was 33 per 1,000 live births. Compared with the average rate for the five years, 1946-50, the rate for the year under report showed an improvement of 12 per 1,000.

Of the total deaths at all ages, infant deaths in 1951 formed 3·1 per cent.

A more intelligent interest in the care and management of young children fostered in parents by instruction given at child welfare centres and by home visits of health officers has, with a parallel extension of ante-natal and other maternity services, played no small part in this continued reduction of infant mortality.

An analysis of the causes to which the 870 infant deaths were classified, according to the Registrar-General's Short List of 36 Causes, is given below:—

<i>Cause of death</i>	<i>No. of infant deaths</i>
Tuberculosis, respiratory .....	1
Tuberculosis, other .....	2
Syphilitic disease .....	1
Whooping cough .....	6
Meningococcal infections .....	2
Measles .....	3
Other infective and parasitic diseases .....	8
Malignant neoplasms .....	2
Vascular lesions of nervous system .....	1
Other circulatory disease .....	1
Influenza .....	9
Pneumonia (excluding pneumonia of the newborn) .....	100
Bronchitis .....	24
Other diseases of respiratory system .....	5
Ulcer of stomach or duodenum .....	1
Gastritis, enteritis and diarrhoea .....	36
Nephritis and nephrosis .....	2
Congenital malformations .....	117
Other defined and ill-defined diseases .....	519
Accidents .....	28
Homicide and operations of war .....	2
Total —all causes .....	870

The above statement quite clearly shows that the use of the new Short List does not provide a satisfactory classification of infant deaths. Of the 870 deaths from all causes, 519 or almost 60 per cent. were classified to the group “other defined and ill-defined diseases”.

It is apparent that a satisfactory analysis requires a more detailed break-down of this group and, to a certain extent, departmental records of infant deaths are able to provide this. Three factors, however, militate against an exact coincidence of the departmental analysis with that of the Registrar-General—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis is probably deficient of isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back by the County Authority to the certifying practitioner can rarely be made in cases of inadequate certification.

Nevertheless, the County analysis approximates so closely to that of the Registrar-General that conclusions drawn from the former should apply to the latter with a reasonable degree of accuracy. Of a total of 862 infant deaths classified in the County records 503 or 58·4 per cent. fell within the category “other defined and ill-defined diseases”, as compared with 519 out of a total of 870, or 59·7 per cent., in the analysis of the Registrar-General. Of the 503 deaths thus classified, 75 or 14·9 per cent. were due to birth injuries, 98 or 19·5 per cent. to post-natal asphyxia and atelectasis, 46 or 9·1 per cent. to infections of the newborn, 243 or 48·3 per cent. to other diseases peculiar to early infancy and 41 or 8·2 per cent. to the residue of all other causes.



Reverting to consideration of mortality based on the official figures of the Registrar-General, the following table gives the County, urban and rural infant death-rates per 1,000 live births for 1951 and each of the preceding 10 years. The rates for England and Wales per 1,000 *related* live births are also given:—

	Rate of deaths of children under 1 year per 1,000 live births										
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Urban Districts .....	62	54	55	47	51	46	47	40	39	33	29
Rural Districts .....	51	44	47	41	43	48	45	35	32	31	31
Administrative County .....	61	52	54	46	50	46	47	40	38	33	29
England and Wales .....	60	50	49	45	46	43	41	34	32	30	*30

\* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 133. The decline from a rate of 160 per 1,000 live births in that year to 29 per 1,000 in the year under report represents a reduction of almost 82 per cent.

**MORTALITY OF ILLEGITIMATE INFANTS.**—The table below shows the differential incidence of mortality during 1951 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total
1946 .....	45	74	46	48	50	48	45	72	46
1947 .....	46	68	47	43	101	45	46	71	47
1948 .....	40	53	40	35	48	35	39	52	40
1949 .....	38	63	39	31	65	32	37	63	38
1950 .....	32	58	33	29	76	31	32	60	33
1951 .....	28	41	29	30	58	31	29	43	29

**NEO-NATAL MORTALITY.**—Particulars of neo-natal mortality (deaths of infants under 4 weeks of age) assignable to their areas were supplied by the Registrar-General to local medical officers of health for the first time in 1950. The number of neo-natal deaths assigned to the Administrative County in 1951 was 567, producing a mortality rate of 19 per 1,000 live births. The corresponding figures for the previous year were 613 deaths with a rate of 20 per 1,000. The 567 neo-natal deaths amounted to 65·2 per cent. of all infant deaths.

Classification according to cause or group of causes is not provided by the Registrar-General but a reasonably accurate statement can be supplied from County records, with regard to which the observations made earlier under the heading "Infant Mortality" should be noted. Neo-natal deaths belonging to the Administrative County and recorded as having *occurred* in 1951 numbered 563, or 65·3 per cent. of the 862 infant deaths recorded, compared with the proportion of 65·2 per cent. noted in the previous paragraph in relation to the figures supplied by the Registrar-General. Of the 563 deaths under 4 weeks of age, 80 or 14·2 per cent. were classified to congenital malformations, 75 or 13·3 per cent. to birth injuries, 97 or 17·2 per cent. to post-natal asphyxia and atelectasis, 46 or 8·2 per cent. to infections of the newborn, 236 or 41·9 per cent. to other diseases peculiar to early infancy and the remaining 29 or 5·2 per cent. to all other causes.

The neo-natal and total infant mortality rates for each County district for the year 1951 are given in table 2, pages 134 to 141, and in pages 182 to 203 the latter rate for each district is compared with that for each of the preceding five years.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

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**Divisional Health Administration.**—Under the terms of the National Health Service Act, 1946, the County Council, as a Local Health Authority, were charged with the duty of providing the undermentioned services:—

- (a) Health Centres;
- (b) Care of Mothers and Young Children;
- (c) Midwifery and Maternity Nursing;
- (d) Health Visiting;
- (e) Home Nursing;
- (f) Vaccination and Immunisation;
- (g) Ambulance Services;
- (h) Prevention of Illness, Care and After-Care;
- (i) Domestic Help;
- (j) Mental Health.

In addition, under the National Assistance Act, 1948, the County Council were assigned the duties of providing for:—

- (i) Residential Accommodation for the Aged and Infirm;
- (ii) Welfare of Handicapped Persons.

The responsibility for the administration of the various functions set out above was laid upon the Health Committee, appointed in accordance with the provisions of the 1946 Act, which consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire County Local Medical and Panel Committee, the Manchester Regional Hospital Board (representatives not yet appointed), the Liverpool Regional Hospital Board, and Voluntary Organisations concerned with the care of old people.

As, in many important respects, the duties placed upon Local Health Authorities are either complementary or supplementary to the treatment services administered by Regional Boards and Executive Councils, the administrative arrangements made by the County Council for carrying out their duties as Local Health Authority were made to conform, as far as possible, to those made for the treatment services.

Thus, following the pattern for the hospital treatment services laid down by the Act, i.e., hospital districts with Management Committees appointed by the Regional Boards, the Administrative County was divided into 17 Health Divisions, designed, so far as was practicable, to be coterminous with the drainage areas of the various hospital districts, and each having a Divisional Committee for the local management of the services in the Division.

The constitution of each of the 17 Divisional Health Committees embraces members of the County Council, representatives appointed by (a) the Councils of the County districts within the Division, (b) Management Committees of hospitals serving the Division, and (c) the Education Divisional Executives within the Division, together with persons co-opted at the discretion of the Divisional Committee with the approval of the Health Committee, and the Committees undertake the day-to-day administration of the bulk of the services provided by the local health authority.

The Health Divisions into which the Administrative County is sub-divided for the purposes of divisional health administration are shown on the map inserted opposite, and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar-General's estimated mid-1951 populations.



(As at 31st December, 1951)

Districts where Medical Officer of Health is:—

Assistant Divisional Medical Officer

Whole-time Officer of Local Authority but undertaking certain County Council duties..

Part-time Officer of Local Authority but not in private practice.

Part-time Officer of Local Authority and engaged in private practice.



Reference by Letter to detached portions  
of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated •

Scale : 8 miles to 1 inch.





Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1951	Estimated population as at 30th June, 1951
1	Dalton-in-Furness U.D. ....	8,022	10,290
	Grange U.D. ....	1,883	2,774
	Ulverston U.D. ....	3,196	9,920
	Ulverston R.D. ....	127,448	16,580
		140,549	39,564
2	Lancaster M.B. ....	4,873	51,220
	Morecambe and Heysham M.B. ....	3,794	36,770
	Carnforth U.D. ....	1,504	3,380
	Lancaster R.D. ....	53,212	11,990
	Lunesdale R.D. ....	76,267	7,258
		139,650	110,618
3	Fleetwood M.B. ....	2,565	27,490
	Lytham St. Annes M.B. ....	5,814	29,980
	Kirkham U.D. ....	939	7,388
	Poulton-le-Fylde U.D. ....	2,408	7,508
	Preesall U.D. ....	3,277	2,197
	Thornton Cleveleys U.D. ....	3,358	15,350
	Fylde R.D. ....	33,264	16,540
	Garstang R.D. (part) ....	14,535	3,536
		66,160	109,989
4	Chorley M.B. ....	4,283	32,420
	Adlington U.D. ....	1,062	4,000
	Fulwood U.D. ....	3,273	13,330
	Leyland U.D. ....	3,804	14,630
	Longridge U.D. ....	3,285	4,308
	Walton-le-Dale U.D. ....	4,733	14,610
	Withnell U.D. ....	4,186	2,830
	Chorley R.D. ....	41,114	27,150
	Clitheroe R.D. (part) ....	19,803	2,775
	Garstang R.D. (part) ....	42,956	9,074
	Preston R.D. ....	50,318	39,320
		178,817	164,447
5	Accrington M.B. ....	4,418	40,340
	Clitheroe M.B. ....	2,386	12,010
	Darwen M.B. ....	5,959	30,650
	Church U.D. ....	528	5,283
	Clayton-le-Moors U.D. ....	1,060	6,830
	Great Harwood U.D. ....	2,868	10,700
	Oswaldtwistle U.D. ....	4,885	12,030
	Rishton U.D. ....	2,879	5,794
	Blackburn R.D. ....	19,469	13,370
	Clitheroe R.D. (part) ....	12,367	6,560
		56,819	143,567
6	Colne M.B. ....	5,939	20,520
	Nelson M.B. ....	3,445	34,240
	Barrowford U.D. ....	1,387	4,679
	Brierfield U.D. ....	807	6,936
	Padiham U.D. ....	975	10,000
	Trawden U.D. ....	6,815	2,114
	Burnley R.D. ....	39,849	16,560
		59,217	95,049

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1951	Estimated population as at 30th June, 1951
7	Crosby M.B. ....	4,772	58,580
	Formby U.D. ....	5,613	10,560
	Litherland U.D. ....	818	22,200
	Ormskirk U.D. ....	15,608	20,920
	Skelmersdale U.D. ....	1,942	6,305
	West Lancashire R.D. ....	66,489	41,680
		95,242	160,245
8	Abram U.D. ....	1,984	6,305
	Ashton-in-Makerfield U.D. ....	6,267	18,970
	Aspull U.D. ....	1,906	6,514
	Billinge and Winstanley U.D. ....	4,596	5,943
	Hindley U.D. ....	2,612	19,320
	Ince-in-Makerfield U.D. ....	2,320	20,330
	Orrell U.D. ....	1,617	9,317
	Standish-with-Langtree U.D. ....	3,266	8,922
	Upholland U.D. ....	4,686	6,321
	Wigan R.D. ....	11,696	7,902
		40,950	109,844
9	Widnes M.B. ....	5,746	48,750
	Huyton-with-Roby U.D. ....	3,053	56,370
	Prescot U.D. ....	870	12,440
	Rainford U.D. ....	5,877	4,037
	Whiston R.D. ....	29,446	43,300
		44,992	164,897
10	Golborne U.D. ....	7,563	17,050
	Haydock U.D. ....	2,395	11,760
	Newton-le-Willows U.D. ....	3,105	21,760
	Warrington R.D. ....	22,457	35,910
		35,520	86,480
11	Farnworth M.B. ....	1,504	28,030
	Leigh M.B. ....	6,359	48,480
	Atherton U.D. ....	2,264	20,480
	Blackrod U.D. ....	2,392	3,124
	Horwich U.D. ....	3,257	15,450
	Kearsley U.D. ....	1,728	10,650
	Little Lever U.D. ....	808	4,704
	Turton U.D. ....	17,334	10,890
	Tyldesley U.D. ....	5,175	17,900
	Westhoughton U.D. ....	5,560	14,900
		46,381	174,608
12	Haslingden M.B. ....	8,203	14,410
	Prestwich M.B. ....	2,421	34,370
	Radcliffe M.B. ....	4,957	27,580
	Rawtenstall M.B. ....	9,528	25,320
	Ramsbottom U.D. ....	9,562	14,380
	Tottington U.D. ....	2,542	5,827
	Whitefield U.D. ....	3,388	12,920
		40,601	134,807

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1951	Estimated population as at 30th June, 1951
13	Bacup M.B. ....	6,121	18,150
	Heywood M.B. ....	8,508	25,150
	Littleborough U.D. ....	7,855	10,930
	Milnrow U.D. ....	5,194	8,557
	Wardle U.D. ....	3,192	4,786
	Whitworth U.D. ....	4,483	7,439
		35,353	75,012
14	Middleton M.B. ....	5,172	32,560
	Chadderton U.D. ....	3,013	30,990
	Crompton U.D. ....	2,865	12,560
	Failsworth U.D. ....	1,073	18,020
	Lees U.D. ....	288	4,208
	Royton U.D. ....	2,149	14,720
	Limehurst R.D. (part) ....	531	1,163
15		15,091	114,221
	Eccles M.B. ....	3,417	43,700
	Swinton and Pendlebury M.B. ....	3,363	40,970
	Irlam U.D. ....	4,717	15,030
	Worsley U.D. ....	7,242	27,350
		18,739	127,050
16	Stretford M.B. ....	3,530	61,810
	Urmston U.D. ....	4,799	38,660
		8,329	100,470
17			
	Ashton-under-Lyne M.B. ....	2,981	45,960
	Mossley M.B. ....	3,624	10,380
	Audenshaw U.D. ....	1,241	12,590
	Denton U.D. ....	2,593	25,550
	Droylsden U.D. ....	1,010	26,320
	Limehurst R.D. (part) ....	2,554	7,332
		14,003	128,132

NOTE.—In the case of parts of sanitary districts, the populations are computed from the Registrar-General's estimates on the basis of information supplied by local Medical Officers of Health.

During the year considerable progress continued to be made as regards the development of the various health and welfare services despite the difficulties encountered in the recruitment of medical, dental, nursing and health visiting staffs. Divisional Committees, together with their staffs, have been particularly active in furthering the provision of suitable accommodation for the aged and infirm and the homeless, and in endeavouring to cater for the occupational training of the mentally handicapped. A great deal has been done in regard to the prevention of illness by means of vigorous health propaganda, personal and otherwise. Arrangements for the care and after-care of persons recovering from illness have also received much attention, and health visitors, home nurses and home helps continue to play an important role in this work. Progress continued to be made in the expansion of the home help service, which is an important and necessary ancillary to domiciliary treatment and care. Further development took place in the ambulance service, particularly as regards the provision of more modern-type vehicles and stations.

The domiciliary nursing services, including midwifery, care of premature infants, home nursing, antenatal and post-natal care, and health visiting have all continued to run smoothly. An indication of their efficiency is provided by the continued fall in the maternal mortality and infant mortality rates.

Despite the difficulties of the post-war period associated with shortages of materials and 'field workers', with which both the Central and Divisional Committees have been confronted, a very considerable amount of useful work designed to improve the health and well-being of the family in particular, and the public in general, has been accomplished.



In the following pages, the various services largely administered as regards their day-to-day management by Divisional Committees are dealt with at length, but it is of interest here to record some of the comments of Divisional Medical Officers on the development, needs and functioning of the health services generally in their respective divisions.

*Health Division No. 2.*—The general need in the division appears to be hostel accommodation for the aged, for whom the burden of managing a house has become too great. The movement of population occasioned by the building programmes of the local authorities has created the need for child welfare centres in different parts of the division, and steps are being taken, so far as staff permits, to provide the necessary facilities.

*Health Division No. 3.*—Despite difficulties of coping with the volume of work from the administrative and clerical point of view, the development of the various services continued satisfactorily. There is a need for more health visiting—an indication of this being found in the rather high infant mortality rate for the division. The provision of Part III accommodation divorced from the Wesham Park Hospital is desirable. A hostel for the aged was opened in August, 1951.

*Health Division No. 4.*—A year of steady progress. An additional child welfare centre, a new day nursery, adaptations at a hostel virtually completed, and plans for an occupation centre are illustrations of the year's trend.

*Health Division No. 5.*—Staffing difficulties limit expansion to some extent: the problem of dealing with the chronic sick, although not strictly the formal concern of the division, does in fact cause much work and much concern, and rightly so, since the Public Health Service is concerned with all matters affecting community health: shortage of beds for the mentally ill and mentally defective is also a cause of anxiety.

*Health Division No. 6.*—The services in the division now appear to be operating smoothly.

*Health Division No. 8.*—Divisional administration is working smoothly.

*Health Division No. 10.*—The year has been one of steady consolidation and expansion, particularly in the case of the home help service, but a great opportunity for useful welfare work cannot properly be exploited with the present establishment of one Home Help Organiser and Welfare Worker. More health visiting staff are required, with more motor transport, to cover the ground properly. The position with regard to immunisation and vaccination is unchanged; public complacency is tending to gain ground, requiring constant educational propaganda to counter it. Full County and Divisional ambulance facilities should be established, so avoiding the necessity for agency arrangements with Warrington County Borough. In general the needs of domiciliary midwifery have been adequately covered. An occupation centre for the mentally handicapped is badly needed, but despite all efforts really suitable premises cannot be found for this purpose. Closer liaison as regards prevention of illness, care and after-care between hospital, specialist, general practitioner and local health authorities' medical and nursing staffs is required, especially as regards after-care of many types of cases. An augmented home nursing staff has proved a great help, but the demand for this service continues to increase, and numerous old persons in the chronic sick category, many of them incontinent, are now discharged to their homes, to become the responsibility of this service.

*Health Division No. 11.*—As in previous years, the main difficulty in the way of improving and expanding the services, and at the same time dealing adequately with the new commitments added, has been due to the shortage of suitable medical officers. In fact, the difficulty has unfortunately meant curtailment of some of the services—especially the routine school medical inspection service—and has inevitably caused delay in dealing with certain matters. Otherwise the services as a whole have run fairly smoothly.

*Health Division No. 12.*—The care of old people is receiving increased attention and the formation of voluntary old people's welfare committees has been encouraged in every district of the division.

*Health Division No. 13.*—The home nursing, midwifery and health visiting services have continued to function smoothly. Difficulty in recruiting home helps is limiting the expansion of this service and difficulty in recruiting suitably qualified nursing personnel for day nurseries has again been a continual source of worry and extra work throughout the year. There is some danger of a lowering of standards of nursery care owing to staff shortages and lack of facilities for a training course for unqualified assistants. In the field of mental health there has been a marked increase in the number of admissions to mental hospitals on a voluntary basis. As regards maternity and child welfare it is disappointing to record that attendances at antenatal and post-natal clinics still show a tendency to decline. On the other hand good work has been done by doctors and nurses at child welfare centres where total attendances show a considerable increase for the second year running, this increase being particularly noticeable in children over one year of age. No improvement can be reported in the tuberculosis service, so far as the work of the local health authority is concerned. The health visitors paid more visits to new cases and contacts but total visits to all cases showed a decrease, as also did the home visits carried out by the chest physicians. Information about contact tracing and environmental reports leaves much to be desired. One aspect of care and after-care which has continued to develop steadily in this division is the convalescence scheme. During the year under review the number of cases sent to convalescent homes was almost double that of the previous year.

*Health Division No. 14.*—Generally speaking the health services in the division are working satisfactorily. Many difficulties arise in the urgent need of individuals for Part III accommodation. This due largely to the fact that there is no such accommodation in this division.

*Health Division No. 15.*—The chief difficulties encountered are—(a) shortage of staff in the health visiting service and of suitable staff for day nurseries, and (b) lack of suitable premises for child welfare work in certain areas; otherwise the health services are being satisfactorily maintained.

**Co-ordination of Health Services.**—Following the passing of the National Health Service Act, 1946, the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every Medical Officer of Health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner were, in effect, superseded by the provisions of the scheme of divisional health administration. This scheme provides that the Divisional Medical Officer appointed in each health division shall undertake the duties of Medical Officer of Health for the County districts within the division, should the Councils of such districts so desire.

By this arrangement, the intention of section 111 of the Local Government Act, 1933, is fully met. Furthermore, as the Divisional Medical Officer is also the Divisional School Medical Officer, such an arrangement has the advantage of affording complete co-ordination of the medical services of the County Council and the public health work of the District Councils, and the risk of overlapping and loss of efficiency is reduced to a minimum.

Again, as in each division the Divisional Medical Officer has at his disposal the services of a number of Assistant Divisional Medical Officers, it follows that in the event of need (e.g., a serious outbreak of infectious disease) in any particular district the Divisional Medical Officer, as local Medical Officer of Health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration many County District Councils took advantage of the provision thus made and by the 31st December, 1951, no less than seventy-five districts had as Medical Officer of Health the Divisional Medical Officer of the health division in which the district is situate. In addition, two districts had as Medical Officer of Health an Assistant Divisional Medical Officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the District Councils concerned themselves desire the appointment of the Divisional Medical Officer. In three other districts the Medical Officer of Health was an officer statutorily transferred to the County Council's medical staff on the operation of the National Health Service Act, 1946, but allowed to continue to carry out the duties of Medical Officer of Health.

Four districts had as Medical Officer of Health whole-time officers who, by arrangement with the District Councils concerned, undertake duties on behalf of the County Council under the direction of the Divisional Medical Officer, whilst in two districts a retired Divisional Medical Officer has been appointed as local Medical Officer of Health.

In the remaining twenty-three County Districts, the duties of Medical Officer of Health were, at the 31st December, 1951, still being undertaken by medical practitioners engaged in private practice.

### HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required local health authorities to provide, equip and maintain, to the satisfaction of the Minister, premises which should be called "health centres" at which facilities should be available for all or any of the following—

- (a) general medical services;
- (b) general dental services;
- (c) pharmaceutical services;
- (d) services which the local health authority are required or empowered to provide;
- (e) hospital out-patient services;
- (f) health education.



Further, local health authorities were required to staff any health centre established by them with the proviso that they should not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of the Act.

Although, as in the case of other services devolving on local health authorities under the Act, the County Council were required to submit to the Minister proposals for carrying out their duties under the Act, the Minister, by reason of building stringency and the need for research and expert guidance before such a new development is launched, deferred the requirement generally until a later date to be specified by him.

At the time of writing (June, 1952) no further directions with regard to health centres have as yet been issued by the Minister but, pending such, steps have been taken in conjunction with local sanitary authorities in the Administrative County to ensure that suitable sites are earmarked for future health centre purposes, and the assistance of the Town Planning authorities has been sought in this connection.

### CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children include the provision of child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants, illegitimate children and their mothers, and day nurseries. Further details of these services are given in the following pages under their respective headings.

In addition, facilities are provided for the attendance of pre-school children at the various school clinics. The following are details of such attendances during the year:—

<i>Type of session</i>						<i>No. of attendances</i>
Minor ailments	.....	.....	.....	.....	.....	5,941
Ophthalmic	.....	.....	.....	.....	.....	2,880
Ear, nose and throat	.....	.....	.....	.....	.....	213
Orthopaedic	.....	.....	.....	.....	.....	7,009
Artificial light	.....	.....	.....	.....	.....	11,324
Speech therapy	.....	.....	.....	.....	.....	43
Orthoptic	.....	.....	.....	.....	.....	828
Asthma	.....	.....	.....	.....	.....	15
Total						28,253

Convalescence is provided for pre-school children, where necessary, and details of admissions to convalescent homes are given on page 61.

Where desirable, arrangements are made for the admission of mothers to suitable homes to be trained in mothercraft. The County Council assist in the payment of the fees where the persons involved are unable to meet the full cost.

Where there are medical reasons why a patient should receive instruction and advice in family planning, arrangements have been made with voluntary associations and other authorities for the attendance of such patients at family planning clinics, financial responsibility in connection therewith being accepted by the County Council.

**Child Welfare Centres.**—At the end of 1951 there were 192 child welfare centres provided by the County Council. Of these, the following were opened during the year on the dates shown:—

<i>Health Division No.</i>	<i>Centre</i>	<i>Date opened</i>
2	Euston Road, Morecambe and Heysham	3rd January.
	The Institute, Galgate	8th February.
3	Ministry of Supply Factory, Salwick	3rd January.
	Baptist Church Schoolrooms, Ansdell	6th September.
4	Village Hall, Goosnargh	3rd December.
5	Astley Methodist School, Accrington	18th January.
7	Post Office, Southport Road, Scarisbrick	9th April.
14	23 Eaves Lane, Chadderton	11th May.
15	Catherine Street, Winton, Eccles	7th March.
	Liverpool Road, Irlam	1st September.



Of the centres available at the end of the previous year four were closed during 1951 as follows:—

Health Division No.	Centre	Date closed
1	Hazelseat, Graythwaite	1st April.
5	Ernest Street, Church	11th January.
14	Washbrook Methodist School, Chadderton	9th May.
15	Band Room, Liverpool Road, Irlam	31st August.

The following statement gives details of attendances of children during the year, together with comparative figures for 1950, and Table 6 on page 154 gives similar information on a divisional basis:—

	1950	1951
Number of half-day sessions	10,514	10,820
Number of attendances at ages (in years)		
0—	347,214	349,646
1—	68,358	71,428
2—4 (inclusive)	48,619	50,159
TOTAL	464,191	471,233
Average attendance per session	44	44

The above figures show an overall increase in attendances, that relating to infants under one year of age being particularly gratifying in view of the continued decline in the number of live births belonging to the Administrative County area. The additional centres made available during the year played their part in producing the overall increase in attendances, and it will be observed that the average attendance of 44 per session recorded during 1950 was maintained during 1951.

At individual centres the average attendances per session varied from 9 in the sparsely populated districts to almost 100 in the built-up areas.

On the whole the adequacy of the service is satisfactory but alternative accommodation is required in some districts. Arrangements are in hand for the opening of several new centres in districts which are becoming more populous. In some of the rural districts poor attendances do not encourage the establishment of additional centres and home visiting is relied upon.

In addition to the facilities provided by the County Council, arrangements have been made for the attendance at centres in St. Helens of County children from the surrounding districts. A payment of 1s. per attendance is made by the County Council to the Corporation and the following table gives details of attendances of County children at the St. Helens centres during the year. Also included are particulars of attendances at such centres of expectant mothers from the County area.

Address of centre	No. of sessions during year	No. of individual children attending —at ages (in years)—			No. of attendances by children —at ages (in years)—			No. of individual expectant mothers attending	No. of attendances by expectant mothers
		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)		
Jubits Lane, Sutton Manor	48	11	1	4	31	2	15	7	29
Town Hall	48	4	—	—	12	—	—	—	—
Derwent Road, Haresfinch	48	26	6	9	79	25	10	8	29
TOTAL	144	41	7	13	122	27	25	15	58

**Antenatal and Post-natal Care.**—There is a comprehensive service for antenatal and post-natal care in the Administrative County area. So far as the local health authority arrangements are concerned, antenatal and post-natal examinations are carried out and advice is given at clinics administered by the County Council. In addition, midwives provide antenatal and post-natal care for their own patients either in the home or at special midwives' sessions in clinic premises. Clinics are also administered by Regional Hospital Boards (e.g., at hospitals) and most of the examinations at these clinics are of patients who have arranged for their confinements at the various hospitals.

At the end of 1951 there were 77 antenatal and 8 post-natal County Council clinics in operation. Whilst there was no change in the number of antenatal clinics available, one clinic at Shevington (Health Division No. 8) was discontinued and one clinic at Bromley Cross (Health Division No. 11) was opened during the year. Two post-natal clinics were discontinued and four additional post-natal clinics were opened during the year. Details of attendances at these and other County post-natal clinics are shown in the table below. Post-natal examinations are undertaken at several antenatal clinics and in addition antenatal and post-natal examinations are carried out at many child welfare centres.

Generally the number of clinics provided is adequate. There was a decline in the number of mothers attending the antenatal clinics but this is understandable in view of the reduced number of live births occurring during the year.

The following statement gives details of attendances, etc., at County Council clinics during 1951:—

	Antenatal clinics	Post-natal clinics
Number of half-day sessions .....	3,452	78
Number of individual women attending .....	13,840	684
Number of attendances .....	55,494	804
Average attendances per session .....	16.1	10.3
Average attendances per individual .....	4.0	1.2
Number of post-natal attendances at antenatal clinics .....	2,482	—

Table 7 on page 155 gives details of the number of antenatal clinics in the respective Health Divisions and the number of attendances, etc., during the year.

Details of attendances, etc., at the respective post-natal clinics, i.e., where separate post-natal sessions are held, are as follows:—

Health Division No.	Address of post-natal clinic	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual
3	†Fleetwood.....	nil	—	—	—	—
8	*Ashton-in-Makerfield .....	4	52	54	13.5	1.0
	Hindley .....	13	223	263	20.2	1.2
	Ince-in-Makerfield .....	13	149	201	15.5	1.3
	*Orrell .....	10	59	65	6.5	1.1
	*Standish .....	9	38	42	4.7	1.1
14	Failsworth .....	12	48	52	4.3	1.1
15	*Patricroft .....	5	55	59	11.8	1.1
17	Denton .....	10	53	61	6.1	1.2
	†Droylsden .....	2	7	7	3.5	1
TOTAL—1951 .....		78	684	804	10.3	1.2
1950 .....		51	280	329	6.5	1.2

\* Opened during year.

† Closed during year.

Every effort has been made to encourage mothers to seek post-natal advice and examination and it is pleasing to note that there has been a considerable increase in the attendances at post-natal clinics.



An investigation carried out into the proportion of women confined during the year who had post-natal examinations (which included intra-vaginal examinations) produced results, as set out in the following table, which showed a considerable improvement upon those arising from the investigation conducted during the latter half of 1950:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
Number of mothers seen by a health visitor since the sixth week after confinement .....	16,747	1,608	4,429	4,330
Number of mothers who had a post-natal examination, which included an intra-vaginal examination:—				
(a) At a hospital post-natal clinic .....	8,621	142	45	89
(b) At a County Council antenatal or post-natal clinic .....	1,679	49	246	802
(c) By a general practitioner obstetrician .....	3,799	1,144	3,315	1,036
Total number examined .....	14,099	1,335	3,606	1,927
Percentage of those visited who had a post-natal examination .....	84.2	83.0	81.4	44.5

In Health Divisions Nos. 9 and 13, County patients attend at antenatal and post-natal clinics in St. Helens and Rochdale respectively, payment being made according to the number of cases and attendances. The following are details of attendances, etc., at these clinics:—

Address of clinic	No. of individual women attending		No. of attendances		Average attendances per individual	
	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal	Post-natal
<i>St. Helens C.B.</i>						
Town Hall .....	31	16	100	19	3.2	1.2
Derwent Road, Haresfinch .....	8	—	25	—	3.1	—
<i>Rochdale C.B.</i>						
Baillie Street .....	172	62	843	65	4.9	1.0
TOTAL .....	211	78	968	84	4.6	1.1

**Relaxation Clinics.**—Many hospitals have arranged for classes to be held at their antenatal clinics, under the direction of a physiotherapist, where expectant mothers carry out relaxation exercises. These exercises are proving to be beneficial and arrangements are made for health visitors and midwives to pay observation visits to classes. The information thus gained is valuable to them in that they are then able to explain to expectant mothers the benefits of such exercises.

At the present time it is considered that the exercises should only be carried out under the direct supervision of a qualified physiotherapist and in Health Divisions Nos. 5 and 14 satisfactorily supervised classes were held in County Council premises during the year. Particulars are given in the following tabular statement:—

Health Division No.	Name of clinic	No. of sessions	No. of individuals attending	No. of attendances
5	Accrington .....	13	132	167
	Clitheroe .....	38	65	226
	Darwen .....	11	47	111
14	Middleton .....	24	18	66

**Family Planning Clinics.**—The Health Committee make grants not exceeding one guinea per case to local health authorities or family planning associations in respect of women referred to their clinics by medical officers in the service of the County Council. The only type of case which such medical officers are authorised to send for advice to family planning clinics are mothers who, strictly for medical reasons and in the interests of their health, require advice on birth control.

The number of cases dealt with during the year is given in the following table:—

Health Division No.	Name and address of clinic	No. of cases authorised to attend
3	Municipal Health Centre, Whitegate Drive, Blackpool .....	4
4	Preston and District Family Planning Clinic, Lancaster Road, Preston.....	6
11	Manchester, Salford and District Mothers' Clinic, Encombe Place, Salford, 3 .....	4
	Bolton Family Planning Clinic, Queen Street, Bolton .....	2
13	Family Planning Clinic, Baillie Street School, Rochdale .....	19
14	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13 .....	5
	Family Planning Clinic, Baillie Street School, Rochdale.....	4
15	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13 .....	6
16	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13 .....	6
TOTAL .....		56

During the year an application was received from the North-West Area Organiser of the Family Planning Association for the Association to hold family planning clinics in County Council premises. As the activities of the Association covered many types of cases other than those for which the Health Committee accept financial responsibility the application was refused.

**Dental Care of Mothers and Young Children.**—The dental care of expectant and nursing mothers and pre-school children is undertaken by the County dental officers in addition to their duties with the School Health Service.

On 31st December, 1951, the whole-time equivalent of dental officers available for the combined duties was 32·7 as compared with 35 such officers in 1950. This reduction of staff is reflected in the returns of work done during the year.

**ARRANGEMENT OF SERVICE.**—The general arrangements have, as far as possible, been maintained though there has been some necessary reduction in the scope and availability of the service. Fluctuations of staff, closure of clinics, and the increased demands of a steadily mounting school population have not been without their effects on the development of this branch of the Health Service. The reduction is less than might have been reasonably anticipated having regard to the general position of the dental services. Dental treatment is made available through the agencies of obstetricians and general medical practitioners. Where it is possible dental clinics are held to coincide with antenatal clinics. The latter is found to be a most advantageous arrangement as the expectant mothers can be referred directly to the dental officer and a dental examination carried out without incurring the need for a second visit. This arrangement can only be carried out where adequate facilities exist and where staff is available. Medical officers in charge of post-natal clinics also refer cases for dental treatment.

**SCOPE OF TREATMENT.**—A comprehensive service is offered including examination, any necessary conservative treatment of teeth and gums, extractions, general and local anaesthetics, and the supply and repair of dentures. Patients, during their attendance, are instructed in oral hygiene.

Facilities are also available for reference to hospital of cases requiring dental radiological examination or oral surgery.



EXPECTANT AND/OR NURSING MOTHERS.—The following table sets out details of work carried out by County dental officers for expectant and/or nursing mothers during 1951 and the previous year:—

	1950			1951		
	Expectant mothers	Nursing mothers	Total	Expectant mothers	Nursing mothers	Total
Number inspected .....	2,524	252	2,776	1,822	237	2,059
Number needing treatment .....	*	*	*	1,194	234	1,428
Number treated .....	1,189	329	1,518	962	237	1,199
Number made dentally fit .....	*	*	*	465	155	620
Number of attendances .....	2,994	980	3,974	2,381	714	3,095
Number of extractions .....	2,679	804	3,483	1,969	610	2,579
Number of local anaesthetics .....	*	*	*	165	30	195
Number of general anaesthetics .....	519	133	652	428	117	545
Number of other operations .....	888	626	1,514	848	438	1,286
Number of scalings .....	375	42	417	281	35	316
Number of fillings .....	760	99	859	506	56	562
Number of dentures—supplied .....	184	191	375	192	142	334
repaired .....	1	6	7	7	3	10

\* Not available.

PRE-SCHOOL CHILDREN.—The arrangements for reference of cases is largely dependent on the child welfare clinics and upon the health visitors. The latter play a most important role in forming the initial contact between the child and the dental service. Through their close association with both parents and children the help of the health visitor is invaluable in establishing attendance at the clinics and interest in dental health.

The fullest use of the arrangements for the dental treatment of the pre-school child is to be encouraged by all available means. It is hoped for the future that a substantial expansion of this service will assist in making an improvement on the present alarmingly low standards of dental health exhibited by the average school entrant.

The following table refers to the work carried out for children under 5 years of age during the year. A comparison with the figures for 1950, also given, shows an appreciable increase in this type of work despite the reduction in dental staff:—

	1950	1951
Number inspected .....	3,091	3,762
Number needing treatment .....	*	2,944
Number treated .....	2,506	2,824
Number of attendances .....	3,915	4,563
Number of extractions .....	3,506	4,237
Number of local anaesthetics .....	*	297
Number of general anaesthetics .....	1,414	1,875
Number of other operations .....	1,229	1,435
Number of scalings .....	36	12
Number of fillings .....	1,055	953

\* Not available.

**Care of Premature Infants.**—A premature infant is defined as one whose birth weight is  $5\frac{1}{2}$  lb. or less, the term of pregnancy being ignored. Special care is taken to ensure that the health visitor pays her first visit as early as possible, bearing in mind the probable need for the services of a home help, for special advice and, when the baby is being nursed at home, for the provision of suitable equipment, i.e., a separate cot, hot-water bottles, etc. A number of these articles is held in each division for loan where they are needed.

Information with regard to the number of premature infants whose mothers were normally resident in the Administrative County area is given, by Health Divisions, in Tables 8 to 10, pages 156 to 158. A feature of the tables is the change in the classification by weights. The weight divisions are those recommended by the Joint Standing Committee for Prematurity, and have been adopted to render British statistics comparable with those being collected by other nations.

The following table shows the total number of premature births belonging to the area:—

	Weight at birth					
	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	Total— 5lb. 8oz. or less
Number born—						
(i) at home .....	15	24	86	64	274	463
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes .....	—	3	14	11	36	64
(iii) in hospitals, including maternity homes in the National Health Service .....	54	123	298	311	761	1,547
TOTAL.....	69	150	398	386	1,071	2,074

The total number of 2,074 premature infants belonging to the area represented 7.0 per cent. of the 29,678 notified live births assignable to the area as compared with 6.8 per cent. for the previous year.

Of the 463 premature infants born at home, 85 were transferred to hospital and these were mainly under the weight of 4lb. 6oz. Only two of the 64 premature infants born in private nursing homes were transferred to hospital. In view of the change in weight divisions comparable figures by weights for the previous year are not available.

During the year, 69 of the premature infants born weighed 2lb. 3oz. or less, but none of these survived three months, the majority dying in the first 24 hours.

The following table shows, in respect of premature infants whose mothers were normally resident in the County area, the proportions surviving 24 hours, 28 days and three months respectively:—

	Proportion (per cent.) of infants surviving—																														
	24 hours										28 days										3 months										
	2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Of those born— *(i) at home.....	3	20	16	66.7	73	84.9	60	93.8	274	100	nil	nil	6	25	62	72.1	53	82.8	267	97.4	nil	nil	6	25	57	66.3	51	79.7	263	9	
* (ii) in private nursing homes including mater- nity homes not in the National Health Service and Mother and Baby Homes .....	—	—	1	33.3	12	85.7	11	100	35	97.2	—	—	nil	nil	9	64.3	11	100	32	88.9	—	—	nil	nil	9	64.3	11	100	32	8	
(iii) in hospitals including mater- nity homes in the National Health Service .....	14	25.9	84	68.3	272	91.3	301	96.8	747	98.2	nil	nil	49	39.8	238	79.9	284	91.3	726	95.4	nil	nil	46	37.4	232	77.9	279	89.7	720	9	
All births	17	24.6	101	67.3	357	89.7	372	96.4	1056	98.6	nil	nil	55	36.7	309	77.6	348	90.2	1025	95.7	nil	nil	52	34.7	298	74.9	341	88.3	1015	9	

\* These include any born at home or in a private nursing home who were transferred to hospital.



**Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.**—The following table sets out the numbers of cases notified during the year and particulars of action taken. The numbers of notifications are uncorrected for subsequent changes of diagnosis:—

	Ophthalmia neonatorum		Pemphigus neonatorum		Puerperal pyrexia	
	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
No. of cases notified .....	11	19	6	1	29	113
No. of cases visited by officers of County Council .....	10	10	4	1	18	21
No. of cases for whom home nursing was provided .....	1	—	1	—	5	1
No. of cases removed to hospital .....	—	3	—	—	11	7

Table 11 on page 159 gives the information for each of the Health Divisions.

Of the 30 cases of ophthalmia neonatorum three were transferred out of the Administrative County area whilst still receiving treatment. It is confirmed, however, that in all of the 30 cases vision was finally unimpaired and there is therefore a record of no cases of blindness due to ophthalmia neonatorum in the County Council midwifery area since 1936.

**Care of Unmarried Mothers and their Children.**—The Health Committee make provision for the care of illegitimate children whilst they remain with the mother, but in other cases, i.e., where the child is deprived of a normal home life, the Children's Committee undertake the work.

A close watch is maintained on these children by the health visitors who work in co-operation with the officers of the Children's Department and the moral welfare workers employed by voluntary organisations. If an unmarried mother retains her child every opportunity is given for the child to be admitted to a day nursery, if there is one situated in the locality, to enable the mother to work and so support herself and her child.

Most of the various religious denominations have Moral Welfare Societies who, through outdoor workers, help unmarried mothers in many ways. The majority of this help is not of a financial nature, but consists of advice as to claiming national insurance and national assistance benefits, tracing of the putative father, finding employment, seeking foster-parents, etc., in addition to finding accommodation during the later months of pregnancy and for a period after the confinement. As the County Council are responsible for the well-being of the unmarried mother and her child, consideration is being given to the possibility of granting financial assistance to these voluntary bodies for their work in this direction.

In most instances it is necessary and desirable for unmarried expectant mothers to be admitted to mother and baby homes for periods prior to, and after, confinement. There are many such homes, managed by religious bodies, situated in or in the vicinity of Lancashire which accept County cases and in respect of which payments on a case basis are made by the County Council up to 75 per cent. of the gross cost per patient day less any contributions paid to the homes by or on behalf of the mothers. Towards the end of the year it was decided to increase the payments to 90 per cent. of the gross cost less contributions. Responsibility for maintenance is usually accepted until the baby is three months old.

The annual grants previously made to two mother and baby homes, i.e., Ennismore Hostel, Eccles, and Simpson Hill Maternity Home, Heywood, were discontinued with effect from the 1st July, 1951, as it was considered more appropriate to pay on a case basis. An annual grant is, however, still being paid to the St. Monica Maternity Home, Kendal, under the terms of a joint agreement made between the home and several local health authorities which covers the period 1st April, 1950, to 31st March, 1953.

The special arrangements previously obtaining with the Liverpool Diocesan Board of Moral Welfare for admission to Laurel House, Linnet Lane, Liverpool, of unmarried expectant mothers with venereal disease came to an end in the early part of the year owing to the closure of the home. This home has since been reopened for normal cases.

Particulars of unmarried expectant mothers and post-natal cases admitted from each Health Division to the various mother and baby homes during 1951 are given in Table 12, on page 160.

**Day Nurseries.**—There has been a steady increase in the day nursery accommodation provided by the County Council during the last few years as may be seen from the following statement:—

	Day Nurseries	Child Places
31st December, 1948 .....	45	2,102
„ 1949 .....	53	2,482
„ 1950 .....	58	2,707
„ 1951 .....	62	2,939

Three new day nurseries were being built at the end of 1951, but it seems likely that the rate of expansion which has obtained since the "appointed day" under the National Health Service Act, 1946, is not likely to be maintained under present economic circumstances. The County Council's Capital Building Proposals for 1951-52, which did not include the three day nurseries under construction at the end of 1951, provided for the erection of 11 new day nurseries, but the Minister of Health refused permission to build in all but one case on the grounds that there was no urgent industrial need and that the County Council could not make a case on "social" grounds, i.e., unmarried mothers, widows, women separated from husbands or with invalid husbands, etc. As some 43 per cent. of the mothers of children attending County Council day nurseries are employed in textiles, any further development of the day nursery facilities will depend largely on the prosperity or otherwise of the textile industry in Lancashire.

It has always been the aim of the County Council to provide a home-like atmosphere and to cater for the physical, emotional, and mental development of the children. The non-domestic staff are specially trained to deal with young children and their problems, and carefully planned diets, adequate fresh air, organised games, educational toys, and play equipment contribute to this aim.

Medical inspection of the children is carried out by Assistant Divisional Medical Officers and, wherever possible, arrangements are made for dental inspections by the County dental officers, though this work is seriously handicapped by the general shortage of dental officers. The Superintendent Health Visitor and her assistants regularly visit the nurseries to advise matrons in management, care of children, new types of play equipment, etc.

The demand for trained staff exceeds the supply in most areas. The majority of the County Council nurseries are approved for training, but, as "factory" nurseries are not approved in this way, there is a constant drain of staff to this type of nursery, very often on account of the higher salaries offered.

There are two nursery training schools administered by the Lancashire Education Committee situated at Newton-le-Willows and Penwortham. The staff of these schools is provided by the Education Committee but there is a health visitor seconded to each school as health tutor. Most of the students at the County Council nurseries attend these schools, though a certain number attend other authorities' courses. A certain amount of interchange of students takes place between nurseries and nursery schools, as the latter have no facilities for training in the care of children under 2 years of age.

Particulars of changes in day nursery accommodation during 1951 are given in the following table:—

Health Division No.	Location of nursery	Date opened (or closed)	No. of child places
	<i>New Day Nurseries</i>		
4	Bamber Bridge—Cottage Lane .....	1st August	50
5	Accrington—Manchester Road .....	12th September	33
5	Clitheroe—Bright Street .....	2nd January	50
6	Nelson—Barkerhouse Road .....	29th January	50
11	Leigh—Cavendish Street .....	22nd January	50
	<i>Extension to existing Day Nursery</i>		
9	Prescot—Oliver Lyme Road .....	29th January	*20
			+253
	<i>Closed</i>		
5	†Clitheroe—Parsons Lane .....	1st January	— 21
	Net increase in child places during 1951 .....		232

\* Child places increased from 45 to 65.      † Replaced by Clitheroe—Bright Street.

Details of attendances, etc., at day nurseries during the year for the Administrative County as a whole, together with comparative figures for 1950, are given below. Tables 13 and 14 on pages 161 and 162 give similar information for each Health Division:—

	1950	1951
Number of children on registers at end of year .....	2,734	3,040
Number of children on waiting lists at end of year .....	2,410	2,310
Total number of attendances (Monday to Friday) .....	510,567	574,525
Mothers released for full-time employment at end of year .....	2,432	2,708
Mothers released for part-time employment at end of year .....	56	41
† Full-time equivalent of staff employed at end of year .....	693	719
Ratio to one member of staff of mothers released for full-time employment at end of year .....	3.51	3.77

† Including domestics and counting three students as one unit of staff.



A reference to Table 13 shows that the percentage of attendances to places available in the Administrative County as a whole during 1951 was 80·0; the percentage during 1950 was 79·4. In 13 Divisions the percentage was 75 or more, in two Divisions between 70 and 75, and in the remaining Division rather less than 50. In March, 1951, Divisions were requested to ensure as far as possible that better use was made of the accommodation available, to increase the number of children on the registers by up to 10 per cent. of the authorised establishment and, where the average attendances were below 75 per cent., by 20 per cent. if necessary. Whilst this has brought about an improvement in some Divisions it has not been quite so effective as was hoped. Comparative figures are given below:—

<i>Percentage of attendances to places available</i>	<i>Number of Divisions</i>	
	1950	1951
90 and over .....	1	1
80 and less than 90 .....	7	8
75 and less than 80 .....	2	4
70 and less than 75 .....	4	2
Under 70 .....	2	*1

\* One Nursery only in Division.

The nursery with the lowest percentage attendance (1950—53·8; 1951—48·9) is situated in the parish of Great Sankey in Division 10 and in the vicinity of Warrington County Borough. This is a prefabricated hut, belonging to the County Council, which was opened in the early part of 1943 to meet a war-time need. The number of child places is 50 but at the end of 1951 there were only 37 children on the register and none on the waiting list. As no further demand exists for places in this nursery either in the Administrative County area itself or in the adjoining county borough it may be necessary to consider closing it or using part of the premises for some other purpose unless the position improves considerably.

The number of children on the waiting lists at the end of 1951 was 2,310, only 100 less than at the end of 1950. These figures must be treated with some reserve, however, as experience indicates that in many cases mothers put their names forward more in hope than expectation, since about seven out of every nine are not in employment.

The ratio of mothers released for full-time employment to each member of staff employed at the end of the year was 3·77, a slight improvement on the position at the end of the previous year when the figure was 3·51.

Night accommodation was available in one nursery (Stocks House, Urmston—Health Division No. 16) at the beginning of the year but as there was no demand these facilities were discontinued in September, 1951.

Various social activities organised by parents' clubs and staffs of day nurseries have provided funds for the purchase of play equipment and educational toys and the holding of Christmas parties.

**Nurseries and Child Minders Regulation Act, 1948.**—All premises used as day nurseries or by child minders must comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

The following table gives the position at the end of the year and comparative figures for the Administrative County area as a whole at the end of 1950:—

Health Division No.	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
4	1	47	1	7
6	1	50	—	—
11	3	111	—	—
12	3	171	—	—
13	7	239	—	—
14	32	1,325	1	5
15	2	99	—	—
17	3	105	—	—
TOTAL—1951 .....	52	2,147	2	12
1950 .....	49	1,937	2	13

It will be noticed that the nurseries are concentrated mainly in the cotton areas in the south-east of the County area.

**Notified Births.**—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the Medical Officer of Health of the Welfare Authority for the area in which the birth takes place. The County Council, since the coming into operation of the National Health Service Act, 1946, has been the Welfare Authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the Divisional Medical Officer of the Health Division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each Health Division during the year 1951 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births								Live births								Live births							
	Premature				Mature				Premature				Mature				Premature				Mature			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	4	7	107	104	111	111	2	3	1	2	103	97	104	99	—	—	5	9	210	201	215	210	2	3
2	52	49	584	514	636	563	25	20	13	11	200	194	213	205	3	8	65	60	784	708	849	768	28	28
3	26	24	388	371	414	395	4	6	7	12	182	150	189	162	6	2	33	36	570	521	603	557	10	8
4	88	81	915	859	1,003	940	24	25	14	15	315	275	329	290	6	9	102	96	1,230	1,134	1,332	1,230	30	34
5	23	19	338	340	361	359	4	5	13	13	311	240	324	253	6	8	36	32	649	580	685	612	10	13
6	11	18	299	274	310	292	8	5	11	14	214	238	225	252	6	5	22	32	513	512	535	544	14	10
7	43	52	578	541	621	593	9	9	14	20	305	254	319	274	7	4	57	72	883	795	940	867	16	13
8	83	72	572	518	655	590	31	19	13	29	412	382	425	411	8	12	96	101	984	900	1,080	1,001	39	31
9	59	65	685	574	744	639	30	13	27	36	644	558	671	594	9	10	86	101	1,329	1,132	1,415	1,233	39	23
10	12	10	171	156	183	166	2	2	12	12	257	248	269	260	5	7	24	22	428	404	452	426	7	9
11	105	104	1,094	974	1,199	1,078	36	42	10	22	428	393	438	415	6	10	115	126	1,522	1,367	1,637	1,493	42	52
12	19	23	423	400	442	423	8	6	10	14	221	182	231	196	2	2	29	37	644	582	673	619	10	8
13	45	50	452	461	497	511	17	12	11	12	200	201	211	213	2	4	56	62	652	662	708	724	19	16
14	—	—	—	—	—	—	—	—	12	21	303	287	315	308	6	6	12	21	303	287	315	308	6	6
15	11	13	173	170	184	183	5	4	17	7	264	272	281	279	8	5	28	20	437	442	465	462	13	9
16	53	96	954	946	1,007	1,042	29	21	4	6	165	131	169	137	5	2	57	102	1,119	1,077	1,176	1,179	34	23
17	70	72	652	666	722	738	33	30	13	20	322	317	335	337	6	5	83	92	974	983	1,057	1,075	39	35
Administrative County	704	755	8,385	7,868	9,089	8,623	267	222	202	266	4,846	4,419	5,048	4,685	91	99	906	1,021	13,231	12,287	14,137	13,308	358	321

Note : A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

The above figures show that, of the total notified births occurring during the year, 18,201 or 64·7 per cent. occurred in hospitals or maternity homes in the Administrative County area, the remaining 9,923 or 35·3 per cent. taking place in the home of the mother or her relatives. The decline in the proportion of mothers remaining at home for their confinement which has been apparent since the coming into operation of the National Health Service Act, 1946, was therefore continued during the year under report, the corresponding proportions of domiciliary births in the latter half of 1948 and in 1949 and 1950 being 46·7, 42·2 and 39·3 per cent. respectively.

Of the total live births notified, 1,927 or 7·0 per cent. were classified as premature, the corresponding proportions amongst institutional and domiciliary live births being 8·2 per cent. and 4·8 per cent. respectively. The fact that prematurity is seen to be considerably greater amongst hospital and nursing home births than in domiciliary births is understandable when it is borne in mind that complicated pregnancies and other conditions often requiring early induction of labour are usually referred to hospitals, the figures of which are, therefore, unduly weighted.

Prematurity continued to be greater amongst the female than amongst the male births, the respective percentages of premature births to total live births of the appropriate sex being 5·7 and 4·0 in respect of domiciliary births and 8·8 and 7·7 in respect of those occurring in hospitals, maternity homes, etc.

Stillbirths represented 2·4 per cent. of the total notified births, the same proportion as in 1950.

In contrast to the above table, the statement inserted below provides, for the year 1951, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after re-assignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter figures relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births								Live births								Live births							
	Premature				Mature				Premature				Mature				Premature				Mature			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in the Administrative County	704	755	8,385	7,868	9,089	8,623	267	222	202	266	4,846	4,419	5,048	4,685	91	99	906	1,021	13,231	12,287	14,137	13,308	358	321
No. transferred out of the Administrative County to areas of other L.H. Authorities	260	255	2,581	2,480	2,841	2,735	106	83	5	1	44	26	49	27	1	1	265	256	2,625	2,506	2,890	2,762	107	84
No. occurring in and belonging to Administrative County	444	500	5,804	5,388	6,248	5,888	161	139	197	265	4,802	4,393	4,999	4,658	90	98	641	765	10,606	9,781	11,247	10,546	251	237
No. transferred into Administrative County from areas of other L.H. Authorities	295	372	3,709	3,482	4,004	3,854	112	119	1	—	15	11	16	11	—	—	296	372	3,724	3,493	4,020	3,865	112	119
Final No. belonging to Administrative County	739	872	9,513	8,870	10,252	9,742	273	258	198	265	4,817	4,404	5,015	4,669	90	98	937	1,137	14,330	13,274	15,267	14,411	363	356

Note : A birth is regarded as "premature" if the birth weight is 5½ lb. or less.



A perusal of the foregoing table discloses that of the 28,124 births which occurred in the Administrative County 5,843 were transferable to the areas of other local health authorities, i.e., County Boroughs and other Counties. At the same time 8,116 births which occurred in the areas of other local health authorities were transferred to the Administrative County. The criterion for transfer is the normal or usual place of residence of the mother.

### MIDWIFERY

With effect from the 1st September, 1951, much of the legislation relating to midwifery was consolidated in the Midwives Act, 1951. Since it was wholly a consolidation Act the County Council midwifery service was unaffected.

The County Council provide a domiciliary midwifery service by employing whole-time district midwives and district nurse-midwives. The numbers employed at the beginning and end of the year were as follows:—

	1st January, 1951	31st December, 1951
Whole-time midwives	201	188
Nurse-midwives	80	76

Supervision is carried out by non-medical supervisors of midwives. During the year the supervisory staff was increased by one assistant supervisor of midwives and at the end of the year consisted of one supervisor of midwives and two assistants.

The number of domiciliary cases attended by County Council midwives and nurse-midwives still continues to decline as the following figures show:—

Year	No. of cases attended (including miscarriages)
1948	15,475
1949	13,063
1950	11,763
1951	10,262

Each year since the post-war peak year of 1947 the falling birth-rate has been reflected in the considerable decline in the number of domiciliary births notified. The number of births occurring in hospitals, etc., however, has remained at approximately the same level, and has thus formed a continuously increasing proportion of the total births taking place. Related to infants born to women normally resident in the County area this proportion, which was 39.6 per cent. in 1938 and 55.1 per cent. in 1948, had risen to 67.5 per cent. in 1951.

The stabilising factor as regards institutional births (which in the years 1949-51 numbered 20,375, 20,284 and 20,525 respectively) would appear to be the inability of hospitals in general to meet any increased demand for maternity accommodation.

In many instances hospitals make a practice of discharging maternity cases before the 14th day of the lying-in period with the result that district midwives and nurse-midwives are required to carry out some nursing visits to patients who have been confined in hospital. During 1951 County Council midwives and nurse-midwives visited 3,239 such cases involving a total of 9,228 visits.

**Gas/Air Analgesia.**—At the end of the year, 181 midwives and 75 nurse-midwives employed by the County Council were qualified to administer gas/air analgesia and had been issued with a Minnitt gas/air machine.

During the year, gas/air analgesia was administered in 65 per cent. of the total births attended as compared with 62 per cent. in 1950 and 55 per cent. in 1949.

**District Training of Pupil Midwives.**—Twenty-six of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction on district midwifery to pupil midwives undertaking Part II midwifery training.

**Post-Graduate Training.**—As in previous years full advantage was taken of post-graduate training schemes and 26 midwives and four midwife teachers attended the following courses organised by the Royal College of Midwives:—

9th to 14th April, 1951	A resident and non-resident school at Manchester University.
8th to 14th July, 1951	A resident school at Oxford University.
22nd to 28th July, 1951	A resident school, for midwife teachers and midwives engaged in teaching, at Leeds University.
16th to 22nd September, 1951	A resident school at Birmingham University.
15th to 20th October, 1951	A non-resident school at Robert Hyde House, London.

In addition, midwives in the areas adjacent to Manchester were invited to attend six lectures organised by the Medical Officer of Health of Manchester C.B. and held at the Town Hall, Manchester. At the invitation of the Medical Officer of Health of Salford C.B. five midwives from surrounding County areas attended a lecture on "Gas and Air Analgesia" given in Salford by R. J. Minnitt, M.D., D.A., F.F.A., F.C.S.

**First Aid in Midwifery.**—The County Supervisor of Midwives gave a number of lectures on “First Aid in Midwifery” during the year to police personnel at the County Police Training School, Stanley Grange, Hoghton, and at the County Police Headquarters, Hutton.

Lectures were also given by the Supervisor and her assistants to the County Council’s ambulance personnel in all Health Divisions.

**Motor Transport.**—County Council midwives are encouraged to use motor cars for their official duties and 143 midwives, or 76 per cent. of those employed, were using cars at the end of 1951. Three of the 143 cars were provided by the County Council; the other 140 were privately owned.

Particulars of vehicles used by nurse-midwives are included in the transport statement in the Home Nursing Section of the report.

**Driving Courses.**—During the year it was possible to hold only three driving courses for midwives and nurses at the County Police Driving School, Hutton. Two midwives or nurses attended each of these courses and of the six who received instruction, two passed the Ministry of Transport Driving Test at the first attempt and two were successful at a subsequent test.

**Housing of County Council Midwives.**—Prior to 1951 thirteen houses had been completed under the joint scheme for building houses for midwives and police personnel. During 1951 three more houses were completed and occupied, viz., 5, Waverley Road, Middleton; 7, Waverley Road, Middleton; 3, Birch Drive, Pendlebury.

At the end of the year six houses were under construction and a further eight sites had been obtained.

Of the 188 midwives employed on the 31st December, 1951, 21 occupied premises owned by the County Council, 20 occupied district council houses rented by the County Council and sub-let to the midwives, one occupied a house tenanted by the County Council from a private owner, whilst 24 tenanted council houses direct from local councils. The remaining midwives provided their own accommodation.

## STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

**Roll of Midwives.**—The following table shows the distribution of all midwives on the County roll on the 31st December, 1951, in the various types of service:—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to administer gas/air analgesia
(a) Local Health Authority Services—			
County Council midwives .....	—	188	181
County Council district nurse-midwives .....	—	76	75
(b) Hospital services—			
In State hospitals .....	—	264	217
In voluntary hospitals .....	—	—	—
(c) In private practice—			
Domiciliary .....	13	26	11
Nursing homes, etc. ....	3	38	23
TOTAL—All services .....	16	592	507



**Cases attended.**—The numbers of cases attended during the year 1951 by the midwives in all districts of the Administrative County are given below:—

Type of service	Live and still births attended as—		Miscarriages	Total cases	Births at which gas/air analgesia was given
	Midwife	Maternity nurse			
(a) Local Health Authority services—					
County Council midwives .....	6,963	1,814	448	9,225	5,763
County Council district nurse-midwives .....	503	462	72	1,037	598
(b) Hospital services—					
In State hospitals .....	12,694	4,086	730	17,510	10,736
In voluntary hospitals .....	—	—	—	—	—
(c) In private practice—					
Domiciliary .....	60	73	3	136	14
Nursing homes, etc. ....	232	1,143	10	1,385	638
<b>TOTAL—All services</b> .....	<b>20,452</b>	<b>7,578</b>	<b>1,263</b>	<b>29,293</b>	<b>17,749</b>

**Notifications.**—MEDICAL AID, STILLBIRTHS AND DEATHS.—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Health Authority, which were received during 1951:—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still-births	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives .....	1,569	131	4	53
County Council district nurse-midwives .....	91	13	1	8
(b) Hospital services—				
In State hospitals .....	300	42	2	29
In voluntary hospitals .....	—	—	—	—
(c) In private practice—				
Domiciliary .....	7	3	—	4
Nursing homes, etc. ....	1	5	—	1
<b>TOTAL—All services</b> .....	<b>1,968</b>	<b>194</b>	<b>7</b>	<b>95</b>

In the following table the numbers of notifications received from all midwives on the County roll during 1951 are compared with those for each of the two previous years:—

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1949	3,416	241	11	141
1950	2,336	211	9	112
1951	1,968	194	7	95

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives during 1951 and the two previous years:—

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
1949	3,416	2,212	£ s. d. 7,163 5 0	£ s. d. 3 4 9
1950	2,336	1,286	4,009 2 6	3 2 4
1951	1,968	812	2,522 11 6	3 2 2

#### INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives particulars of cases attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during the year under report and the two previous years:—

Cases attended	1949		1950		1951	
	Midwives	Nurse-midwives	Midwives	Nurse-midwives	Midwives	Nurse-midwives
Live and still births:—						
As midwife .....	8,517	726	7,954	623	6,963	503
As maternity nurse .....	2,499	633	2,089	528	1,814	462
Miscarriages .....	570	118	486	83	448	72
	11,586	1,477	10,529	1,234	9,225	1,037
TOTAL .....	13,063		11,763		10,262	

The numbers and proportions to total cases of live births, stillbirths and miscarriages attended by salaried midwives and nurse-midwives during 1951 were 9,568 or 93·2 per cent., 174 or 1·7 per cent., and 520 or 5·1 per cent. respectively.

Details of cases discharged from hospital before the 14th day of the lying-in period are given below together with the numbers of visits made by midwives and nurse-midwives. Such cases are not included in the preceding table:—

	Cases attended			Visits		
	As midwife	As maternity nurse	Total	As midwife	As maternity nurse	Total
County Council midwives .....	2,172	930	3,102	5,833	2,875	8,708
County Council district nurse-midwives .....	13	124	137	27	493	520
TOTAL .....	2,185	1,054	3,239	5,860	3,368	9,228

The following statement gives information on the administration of gas/air analgesia, trilene and pethidine during 1951:—

	Gas/Air			Trilene	Pethidine		
	As midwife	As maternity nurse	Total	As maternity nurse	As midwife	As maternity nurse	Total
Midwives .....	4,697	1,066	5,763	50	1,532	512	2,044
Nurse-midwives .....	323	275	598	20	111	75	186
TOTAL .....	5,020	1,341	6,361	70	1,643	587	2,230



The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below:—

	1949	1950	1951
(a) Total No. of live and still births occurring in the Administrative County .....	30,327	29,079	28,124
(b) No. of (a) which were domiciliary .....	12,801	11,429	9,923
(c) No. of (b) which were attended by County Council midwives and nurse-midwives .....	12,375	11,194	9,742
(d) Percentage of (c) to (a) .....	41	38	35
(e) Percentage of (c) to (b) .....	97	98	98

In the following three tables particulars are given, for 1951 and each of the two preceding years, of administrations of gas/air analgesia and deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid:—

<i>Administration of gas/air analgesia—</i>	1949	1950	1951
Live and still births attended .....	12,375	11,194	9,742
Cases in which gas/air administered .....	6,844	6,958	6,361
Proportion (per cent.) of gas/air administrations to total cases .....	55	62	65

*Deaths of mother or child (including deaths after removal to hospital)—*

	1949	1950	1951
No. of live and still births attended .....	12,375	11,194	9,742
No. of deaths of mother .....	9	4	6
Deaths of mother per 1,000 births attended .....	0.73	0.36	0.62
No. of deaths of child .....	146	89	76
Deaths of child per 1,000 births attended .....	11.8	8.0	7.8

*\* Visits paid—*

Whole-time midwives—	1949	1950	1951
As midwife .....	221,249	210,210	195,140
As maternity nurse .....	55,756	52,665	50,774
TOTAL .....	277,005	262,875	245,914
Nurse-midwives—			
As midwife .....	23,550	19,967	15,936
As maternity nurse .....	19,666	17,343	15,714
TOTAL .....	43,216	37,310	31,650
GRAND TOTAL .....	320,221	300,185	277,564

\* Visits to cases discharged from hospital before the 14th day are included in the figures for 1951 (9,228) but not in those for 1949 and 1950.

### HEALTH VISITING

The health visitor is a health teacher and family adviser, with an expert knowledge of the care of children. She is also responsible for social investigation, research work and the interpretation of the services available for the family. It is her knowledge of social conditions affecting the welfare of the family which is so important.

With the inception of the National Health Service Act, 1946, the field work of the health visitor was widened to include the care of the family as a whole. Apart from normal home visiting and duties at maternity and child welfare centres, together with those of the school health service, the health visitor plays a leading role in the care of the aged—often being the first person to be aware of the needs of old people. Health education, too, is fast becoming an important feature of her work.

It is the policy of the County Council to employ health visitors to undertake the combined duties mainly of health visitors and school nurses, but this has now been extended in certain rural areas to include district nursing and midwifery. Most of those at present on the staff carry out the duties of health visitor-school nurse, but there are a few who undertake either health visiting only or school nursing only.

Until the full establishment of 299 is reached, there is little possibility of the 213 health visitors employed being able to fulfil their new duties. There is much room for development of the service particularly in connection with the increasing problems of the aged, infirm and chronic sick. In some health divisions temporary school nurses have been engaged to relieve the health visitors of school visiting.

Post-graduate courses have been continued. The annual conference in the nature of a refresher course at which addresses are given by specialists was again held at the County Hall.

During the year grants were made to nurses undertaking student health visitors' courses. Thirteen nurses had completed such courses by the end of the year, all being successful.

The following table shows the details of visits paid by health visitors during the year:—

Health Division No.	No. of visits paid by health visitors during 1951 to:—							
	Expectant mothers		Children aged under 1 year		Children aged 1 to 4 years		Other classes	
	First visits	Total visits	First visits	Total visits	First visits	Total visits	First visits	Total visits
1	116	356	517	3,101	14	3,594	58	102
2	469	871	1,571	11,466	4	15,145	168	299
3	443	1,077	1,459	13,702	3	13,552	519	750
4	752	1,409	2,482	14,729	68	15,218	271	591
5	594	878	1,929	12,661	362	14,105	431	674
6	462	843	1,281	10,750	3	12,867	484	562
7	532	1,054	2,486	14,529	1,100	18,013	179	375
8	332	787	1,645	11,802	49	11,055	129	350
9	586	1,168	3,203	24,145	300	20,290	159	241
10	331	973	1,261	10,193	19	10,006	40	57
11	477	890	2,420	13,358	59	10,815	485	723
12	249	378	1,789	7,422	61	6,425	206	484
13	145	248	1,144	9,522	70	11,449	131	204
14	148	335	1,788	9,112	11	6,795	94	227
15	267	386	1,798	7,576	119	9,215	183	232
16	238	501	1,673	6,322	262	6,981	215	503
17	371	703	1,889	12,599	24	14,302	587	997
TOTAL—								
Administrative								
County—1951	6,512	12,857	30,335	192,989	2,528	199,827	4,339	7,371
1950	6,399	11,676	32,284	176,192	11,353	167,317	4,929	8,325

### HOME NURSING

The County Council provide a home nursing service by employing whole-time fully qualified nurses. During the year the service was extensively used and demands on it were heavier than in the previous year. As a result of this it was necessary to appoint additional staff.

**Staffing.**—The number of full-time nurses employed by the County Council on the 31st December, 1951, was 302—five more than at the end of 1950. Two additional assistant superintendents were appointed, and at the end of the year the supervisory staff consisted of one superintendent and five assistant superintendents. As in previous years it was necessary to employ some part-time staff.

Of the 302 nurses employed on the 31st December, 1951, 243 or 80 per cent. were district trained and 76 or 25 per cent. undertook combined duties as district nurses and midwives. Four of the 76 nurse-midwives also carried out health visiting and school nursing duties.

The following table shows details of staff employed full-time by the County Council:—

Category	Number employed	
	31st December, 1950	31st December, 1951
Superintendent and Assistant Superintendents (Administrative).....	4	6
Superintendents and Assistant Superintendents of District Nurses' Homes .....	3	—
District nurses (general nursing only) .....	214	226
District nurses (general nursing and midwifery) .....	78	72
District nurses (general nursing, midwifery and health visiting).....	2	4
	301	308



Cases attended.—The numbers of cases attended and visits paid are summarised below:—

	1950	1951
Cases attended .....	40,074	42,935
Visits made (excluding casual advisory visits) .....	837,874	893,082
Average number of visits per case (excluding casual advisory visits) .....	20.9	20.8
Casual advisory visits .....	21,916	23,024

The numbers of cases attended and visits made (excluding casual advisory visits) in 1951 show an increase of approximately seven per cent. over the figures for 1950 and an increase of approximately 18 per cent. over those for 1949.

Of the 893,082 visits made, 425,989 or 48 per cent. were to medical cases, 245,178 or 27 per cent. to surgical cases, 39,691 or 4 per cent. to infectious diseases cases and 182,224 or 20 per cent. were made in order to give intramuscular or hypodermic injections.

Of the 37,554 new cases attended during the year, 32,680 or 87 per cent. were adults (aged 15 years and over), whilst of the new adult cases 66 per cent. were females.

A summary of the general nursing work carried out in 1951 is given in Table 15 on page 163.

**Transport.**—There was again an increase in the number of nurses and nurse-midwives using motor cars for their official duties and of the 308 nurses and superintendents employed at the end of the year, 168 or 55 per cent. used cars.

In general, nurses in rural areas have the use of a car; those in more urban areas travel by auto-cycle, bicycle or public service vehicle.

Details of cars used by district nurses and nurse-midwives are given in the following statement:—

Ownership of vehicles	Motor vehicles in use			
	At 31st December, 1950		At 31st December, 1951	
	Motor cars	Auto-cycles	Motor cars	Auto-cycles
District nurses and Superintendents .....	70	7	86	12
County Council .....	85	6	82	2
TOTAL .....	155	13	168	14

**Housing.**—During the year the County Council purchased two houses and now own 44 houses which were originally the property of district nursing associations. Negotiations are in progress for the purchase from a district nursing association of another house which has been held on lease since 1948.

At the end of the year the 308 full-time nurses and superintendents employed by the County Council were housed as follows:—

Accommodation	Nurses
Owned by the County Council .....	67
Rented by the County Council from District Councils .....	15
Rented by the County Council from private owners .....	23
Rented by nurses from District Councils .....	9
Owned by nurses or rented by them from private owners .....	194

**Post-Graduate Training.**—A two-day study course was held at the County Hall, Preston, in May, 1951, when lectures were given by specialists to district nurses and nurse-midwives on a variety of subjects including "Alterations in normal midwifery technique", "Geriatrics", "The care of the aged" and "Care and after-care of cancer cases". At the same time an exhibition was held to show the types of work which can be undertaken by the aged and chronic sick as occupational therapy.

Arrangements were also made for district nurses and nurse-midwives to attend Christie's Hospital, Manchester, to study the nursing treatment of cancer cases. During November and December six observation visit days were allocated by Christie's Hospital for this purpose and 20 district nurses and nurse-midwives attended on each occasion.

Some members of the supervisory staff and a number of district nurses and nurse-midwives were also granted leave of absence to attend refresher courses organised by the Queen's Institute of District Nursing and by the Association of Queen's Nurses.

VACCINATION AGAINST SMALLPOX

**Vaccinations performed.**—Since the scheme of voluntary vaccination came into being on the 5th July, 1948, detailed records have been maintained by Divisional Medical Officers, and the table below shows for each Health Division and for the Administrative County as a whole the numbers of primary vaccinations and re-vaccinations undertaken during the year ended 31st December, 1951. For purposes of comparison, the corresponding figures for the Administrative County for the years 1948 (from 5th July), 1949 and 1950, are also given. It should be pointed out that considerable delay often occurs in the submission by general practitioners of completed record cards. In the following tables, however, the necessary adjustments consequent upon the late receipt of record cards have been made so as to take into account particulars of all vaccinations and re-vaccinations performed since the 5th July, 1948, to the 31st December, 1951, the record cards for which had been received up to and including the 30th June, 1952.

Health Division No.	PRIMARY VACCINATIONS												RE-VACCINATIONS												
	Age in years												Age in years												
	Under 1		1—		2—		5—		15—		Total		Under 1		1—		2—		5—		15—		Total		
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	
1	253	243	4	4	11	11	7	7	15	15	290	280	1	1	—	—	4	4	8	7	167	160	180	175	
2	560	531	29	27	27	27	31	30	73	71	720	686	—	—	3	2	18	13	24	21	285	265	330	301	
3	454	435	51	51	6	6	46	46	61	60	618	598	7	5	—	—	3	3	19	18	188	185	219	214	
4	567	552	55	54	34	34	41	41	79	79	776	760	2	2	—	—	3	3	15	14	241	227	261	240	
5	220	197	13	11	9	9	31	29	78	75	351	321	—	—	—	—	1	—	5	5	113	99	119	104	
6	123	122	13	13	18	18	28	28	55	54	237	235	—	—	—	—	—	—	14	13	111	109	125	122	
7	1,346	1,279	42	42	33	33	42	40	92	88	1,555	1,482	2	2	3	2	32	31	42	42	358	351	437	424	
8	279	262	16	14	14	13	6	6	78	77	393	372	—	—	—	—	5	5	1	1	170	158	176	164	
9	1,380	1,290	22	22	57	57	71	71	131	127	1,661	1,567	24	17	2	2	20	20	32	32	373	353	451	424	
10	274	265	8	8	17	16	17	16	46	45	362	350	—	—	—	—	2	2	6	6	135	130	143	138	
11	295	287	36	34	24	22	56	56	114	110	525	509	—	—	—	—	6	6	5	5	341	281	352	322	
12	358	349	18	18	18	17	34	34	101	99	529	517	—	—	—	—	1	1	10	9	254	251	265	261	
13	243	234	25	23	43	42	31	30	39	39	381	368	6	—	—	—	—	—	1	1	79	68	86	68	
14	497	449	43	39	43	38	47	46	118	114	748	686	10	7	—	—	9	8	11	10	147	135	177	160	
15	507	498	28	27	24	24	35	35	62	61	656	645	2	1	—	—	10	9	18	15	212	197	242	222	
16	681	628	23	23	47	46	30	29	95	91	876	817	—	—	4	4	14	12	21	21	288	263	327	300	
17	328	315	42	40	31	31	51	51	93	89	545	526	1	—	—	—	4	4	11	11	129	121	145	139	
Total—Admin. County	1951	8,365	7,936	468	450	456	444	604	595	1,330	1,294	11,223	10,719	55	35	14	12	132	121	243	231	3,591	3,353	4,035	3,822
	1950	7,876	7,319	1,465	1,427	*	*	1,049	1,028	1,195	1,142	11,585	10,916	133	98	91	81	*	*	390	348	2,688	2,400	3,302	3,027
	1949	6,229	5,915	428	417	*	*	237	230	437	423	7,331	6,985	120	92	37	31	*	*	116	91	1,218	1,140	1,491	1,354
	1948 (From 5th July)	2,676	2,532	114	108	*	*	66	60	210	199	3,066	2,899	15	13	19	15	*	*	41	36	505	465	580	529

\* Prior to 1951, vaccinations and re-vaccinations recorded in age group—one year and under five years.

It will be seen from the above that, whilst the total number of primary vaccinations performed during 1951 was slightly less than in the previous year, re-vaccinations increased by some 700. When it is borne in mind that the big increase in both primary vaccinations and re-vaccinations which occurred during 1950 was no doubt in large measure due to the outbreaks of smallpox at Glasgow and Brighton, the figures for 1951, when smallpox was not in evidence, can be regarded as a considerable improvement in the acceptance of the benefits of vaccination by the general public and an indication of a more enlightened attitude towards the protection it affords.

A detailed study of the figures for the Administrative County reveals that, whilst as regards primary vaccination there was a slight decrease in total numbers, there was, in fact, again a gratifying increase in those relating to infants under 1 year of age. As is to be expected, the increased re-vaccinations were mainly confined to persons of 15 years of age and over.

One instance was recorded—in Health Division No. 8—of vaccination with which there occurred generalised vaccinia. The case was that of a man aged 27 years on the staff of a hospital in the area who was primarily vaccinated on the 26th January, 1951. At the time of the vaccination the man was undergoing treatment by the consultant dermatologist for chronic dermatitis of hands and forearms. The patient who developed pyrexia and vesicular rash of the face and upper trunk was admitted to an isolation hospital where, after full investigation including serological examination of the vesicles, it was confirmed that the case was one of generalised vaccinia.

No instances were reported in any division with which there occurred or was alleged to have occurred post-vaccinal encephalomyelitis or death from complications of vaccination.

By the end of the year, 902 general practitioners were participating in the arrangements for vaccination made under section 26 of the National Health Service Act, 1946.

The following tables analyse by age groups the numbers of primary vaccinations and re-vaccinations performed during the year ended 31st December, 1951, as to those undertaken at (a) clinics, either by general practitioners or the County Council's own medical officers, and (b) by general practitioners in the course of their private practice. For comparative purposes, the corresponding figures for the Administrative County for 1949 and 1950 are also given.



Primary Vaccinations

Health Division No.	No. of primary vaccinations performed during the year ended 31st December, 1951																							
	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	61	59	2	2	1	1	—	—	—	—	—	—	207	199	5	5	14	14	268	258	7	7	15	15
2	—	—	—	—	—	—	—	—	—	—	—	—	616	585	31	30	73	71	616	585	31	30	73	71
3	257	250	23	23	12	12	—	—	—	—	—	—	254	242	23	23	49	48	511	492	46	46	61	60
4	127	123	5	5	3	3	—	—	—	—	—	—	529	517	36	36	76	76	656	640	41	41	79	79
5	2	2	—	—	1	1	—	—	—	—	—	—	240	215	31	29	77	74	242	217	31	29	78	75
6	67	67	4	4	7	7	—	—	—	—	—	—	87	86	24	24	48	47	154	153	28	28	55	54
7	691	648	9	8	25	24	—	—	—	—	—	—	730	706	33	32	67	64	1,421	1,354	42	40	92	88
8	81	67	—	—	—	—	—	—	—	—	—	—	228	222	6	6	78	77	309	289	6	6	78	77
9	918	832	12	12	18	15	—	—	—	—	—	—	541	537	59	59	113	112	1,459	1,369	71	71	131	127
10	7	6	—	—	—	—	2	2	—	—	—	—	290	281	17	16	46	45	299	289	17	16	46	45
11	—	—	—	—	—	—	23	23	3	3	—	—	332	320	53	53	114	110	355	343	56	56	114	110
12	—	—	—	—	3	3	—	—	—	—	—	—	394	384	34	34	98	96	394	384	34	34	101	99
13	239	231	26	25	—	—	—	—	—	—	—	—	72	68	5	5	39	39	311	299	31	30	39	39
14	303	263	5	5	13	12	—	—	—	—	—	—	280	263	42	41	105	102	583	526	47	46	118	114
15	307	304	1	1	3	3	—	—	—	—	—	—	252	245	34	34	59	58	559	549	35	35	62	61
16	105	91	1	1	—	—	—	—	—	—	—	—	646	606	29	28	95	91	751	697	30	29	95	91
17	192	183	6	6	8	6	—	—	—	—	—	—	209	203	45	45	85	83	401	386	51	51	93	89
Total— Ministry County																								
1951.....	3,357	3,126	94	92	94	87	25	25	3	3	—	—	5,907	5,679	507	500	1,236	1,207	9,289	8,830	604	595	1,330	1,294
1950.....	2,865	2,596	139	135	146	129	—	—	—	—	—	—	6,476	6,150	910	893	1,049	1,013	9,341	8,746	1,049	1,028	1,195	1,142
1949.....	1,877	1,767	35	35	10	9	164	145	1	1	—	—	4,616	4,420	201	194	427	414	6,657	6,332	237	230	437	423

P—Performed. S—Successful.

Re-vaccinations

Health Division No.	No. of re-vaccinations performed during the year ended 31st December, 1951																							
	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	—	—	—	—	14	14	—	—	—	—	—	—	5	5	8	7	153	146	5	5	8	7	167	160
2	—	—	—	—	—	—	—	—	—	—	—	—	21	15	24	21	285	265	21	15	24	21	285	265
3	6	5	5	5	8	8	—	—	—	—	—	—	6	5	14	13	180	177	12	10	19	18	188	185
4	2	2	—	—	10	2	—	—	—	—	—	—	3	3	15	14	231	225	5	5	15	14	241	227
5	—	—	—	—	2	2	—	—	—	—	—	—	1	—	5	5	111	97	1	—	5	5	113	99
6	—	—	—	—	25	23	—	—	—	—	—	—	—	—	14	13	86	86	—	—	14	13	111	109
7	3	2	6	6	3	3	—	—	—	—	—	—	34	33	36	36	355	348	37	35	42	42	358	351
8	—	—	—	—	—	—	—	—	—	—	—	—	5	5	1	1	170	158	5	5	1	1	170	158
9	19	12	1	1	51	44	—	—	—	—	—	—	27	27	31	31	322	309	46	39	32	32	373	353
10	—	—	—	—	17	17	—	—	—	—	—	—	2	2	6	6	118	113	2	2	6	6	135	130
11	—	—	—	—	8	8	—	—	—	—	1	1	6	6	5	5	332	272	6	6	5	5	341	281
12	—	—	—	—	37	37	—	—	—	—	—	—	1	1	10	9	217	214	1	1	10	9	254	251
13	5	—	1	1	18	12	—	—	—	—	—	—	1	—	—	—	61	56	6	—	1	1	79	68
14	9	6	1	1	20	16	—	—	—	—	—	—	10	9	10	9	127	119	19	15	11	10	147	135
15	—	—	—	—	27	27	—	—	—	—	—	—	12	10	18	15	185	170	12	10	18	15	212	197
16	—	—	—	—	2	2	—	—	—	—	—	—	18	16	21	21	286	261	18	16	21	21	288	263
17	1	—	4	4	31	31	—	—	—	—	—	—	4	4	7	7	98	90	5	4	11	11	129	121
Total— Administrative County 1951.....	45	27	18	18	273	246	—	—	—	—	1	1	156	141	225	213	3,317	3,106	201	168	243	231	3,591	3,353
1950.....	140	104	20	18	252	217	—	—	—	—	—	—	84	75	370	330	2,436	2,183	224	179	390	348	2,688	2,400
1949.....	51	40	1	1	29	28	14	11	—	—	—	—	92	72	115	90	1,189	1,112	157	123	116	91	1,218	1,140

P—Performed. S—Successful.

Whilst, as in previous years, as regards both primary vaccinations and re-vaccinations the greater part of the work was undertaken by medical practitioners in the course of private practice, it is apparent that as regards children under school age more and more parents are taking advantage of the facilities for primary vaccination offered by the County Council at their clinics, rather than availing themselves of vaccination by their own medical attendants at the surgery or in the home.

Nevertheless, it will be seen from a perusal of the above tables that of an overall total of 11,223 primary vaccinations and 4,035 re-vaccinations performed during 1951 only 31.8 and 8.4 per cent. respectively took place at County Council clinics. The corresponding proportions in 1950 were 27.2 and 12.5 per cent. On consideration of the number of general practitioners taking part in the arrangements for vaccination, however, the average number of vaccinations and re-vaccinations per private practitioner is seen to be relatively small.

As will be seen by a reference to the table on page 52, this relationship between numbers performed at special clinics and those performed by general practitioners in the course of private practice is the reverse of that experienced in connection with diphtheria immunisation where considerably large numbers are involved.

**ACCEPTANCE RATE.**—If the number of infants under 1 year of age who are vaccinated in a given year is expressed as a percentage of the live births in the year in question, the resultant figure may be regarded as the “acceptance rate” of infant vaccination and used as a measure of the immunity of the child population to smallpox.

The following table shows the “acceptance rate” of infant vaccination for the years 1949, 1950 and 1951 in each of the 17 Health Divisions and the Administrative County as a whole. The rates have been based on the numbers of successful primary vaccinations expressed as percentages of the notified live births (after correction for inward and outward transfers).

Health Division No.	No. of notified live births			No. of children under 1 year successfully vaccinated			Infant vaccination “acceptance rate”		
	1949	1950	1951	1949	1950	1951	1949	1950	1951
1	649	565	539	292	269	243	45.0	47.6	45.1
2	1,655	1,539	1,502	501	480	531	30.3	31.2	35.4
3	1,539	1,595	1,493	180	313	435	11.7	19.6	29.1
4	2,501	2,439	2,384	342	512	552	13.7	21.0	23.2
5	2,165	2,007	2,001	210	235	197	9.7	11.7	9.8
6	1,347	1,311	1,285	81	131	122	6.0	10.0	9.5
7	2,561	2,464	2,381	1,082	1,194	1,279	42.2	48.5	53.7
8	1,826	1,718	1,646	127	181	262	7.0	10.5	15.9
9	3,026	3,038	2,842	1,209	1,221	1,290	40.0	40.2	45.4
10	1,236	1,258	1,274	212	266	265	17.2	21.1	20.8
11	2,778	2,669	2,434	205	302	287	7.4	11.3	11.8
12	1,901	1,839	1,792	257	340	349	13.5	18.5	19.5
13	1,318	1,235	1,147	91	101	234	6.9	8.2	20.4
14	1,834	1,754	1,699	269	384	449	14.7	21.9	26.4
15	2,084	1,870	1,751	252	470	498	12.1	25.1	28.4
16	1,843	1,708	1,643	498	669	628	27.0	39.2	38.2
17	2,083	1,864	1,865	107	251	315	5.1	13.5	16.9
Administrative County	32,346	30,873	29,678	5,915	7,319	7,936	18.3	23.7	26.7

As will be seen from the above table, there was again an improvement in the “acceptance rate” for the County as a whole during 1951. In the 1950 report it was suggested that the improvement in the rate that year was possibly largely due to the reaction of the public to the smallpox outbreaks at Glasgow and Brighton but the further improvement in the rate in 1951, when smallpox was absent, rather serves to indicate that there has, in fact, since 1949, been a readier acceptance of vaccination of infants uninfluenced by any immediate potential danger of contracting the disease. Whilst the improvement has not been very marked, it is nevertheless in itself indicative of a more satisfactory state of affairs and is doubtless due, in no small measure, to the persistent efforts of health visitors and other “field workers” in persuading parents of the desirability of vaccination in early infancy.

What has been said of the improvement in the “acceptance rate” for the County as a whole does not, unfortunately, hold good in all districts of the County. Whilst in some Health Divisions the improvement over the last three years has been most marked, in one or two divisions the rate has remained noticeably low—for what reason it is extremely difficult to say. Propaganda methods utilised in the different divisions are fairly uniform in character, but it may well be that, to a certain degree at any rate, personal propaganda by the “field workers” in some areas is not pursued so vigorously and persuasively as it might be. On the other hand, a factor whose influence is much more difficult to assess and much more likely to possess wider limits of variation amongst the divisions is the active influence upon parents of their personal medical attendants.



There can be little doubt that the absence of smallpox in the County over the last decade has done much to inculcate in the minds of many parents an apathy towards the need for vaccination. Whilst this is perhaps a natural psychological reaction it is, to say the least, a most unfortunate one, especially as the increasing use of air transport renders infinitely greater the risk of infected persons entering this country undetected, with the consequent probability of outbreaks of the disease.

It must be emphasised that the routine vaccination of infants is not only of importance as a protection against smallpox during the first few years of life, but also by reason of the fact that, even after the initial immunity has waned, it has the effect of lessening the risk of death from smallpox. Furthermore, the possibility of complications arising from vaccination, such as post-vaccinal encephalomyelitis, is very much less during early childhood than in later years of life, and this point has assumed especial importance at the present time because of compulsory service of the youth of the country in H.M. Forces.

### DIPHTHERIA IMMUNISATION

The scheme of the County Council in relation to immunisation lays upon health visitors the duty of securing that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life, arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools, etc., and, in addition, medical practitioners take part in the scheme either by conducting sessions or in the course of their private practice.

Little more than a decade has elapsed since diphtheria was the most common single cause of death amongst school children and the third most common between the ages of 1 and 5 years. A reference to the table on page 120 will show how, as a result of the artificial immunisation of a considerable proportion of the child population, both the notifications of and deaths from diphtheria have rapidly declined to a relatively insignificant level. However, that diphtheria does still exist as a potential danger is a fact the appreciation of which must continue to be brought home to the public, and herein lies an important duty of local health authorities.

**Immunisations performed.**—The table below gives particulars of the numbers of children who (a) completed a full course of primary immunisation, and (b) were given a reinforcement injection during the year ended 31st December, 1951, in each Health Division and the Administrative County as a whole. The corresponding totals for the Administrative County for the years 1948 (from 5th July), 1949 and 1950 are also shown. The necessary adjustments have been made to all totals so as to take into account all record cards in respect of primary immunisations and reinforcement injections performed since the 5th July, 1948, to the 31st December, 1951, received up to and including the 30th June, 1952.

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1951									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st Dec., 1951			
	Age at date of final injection									Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5-14 yrs. incl.	0—	5—	10—	Total 0-14 yrs. incl.
1	286	94	17	8	10	415	35	7	42	11	178	54	243
2	434	539	59	25	27	1,084	82	17	99	289	815	587	1,691
3	502	484	83	35	33	1,137	221	21	242	71	1,135	133	1,339
4	642	760	112	49	51	1,614	243	32	275	92	1,444	698	2,234
5	897	225	46	23	22	1,213	74	6	80	20	464	94	578
6	475	404	44	23	17	963	13	1	14	45	139	54	238
7	890	729	92	80	59	1,850	365	157	522	73	990	405	1,468
8	966	243	65	39	59	1,372	299	87	386	75	745	278	1,098
9	1,463	559	144	84	40	2,290	325	91	416	32	1,912	176	2,120
10	426	371	37	13	9	856	36	48	84	63	515	13	591
11	426	996	103	56	61	1,642	154	12	166	137	569	262	968
12	909	434	82	39	57	1,521	169	34	203	191	890	319	1,400
13	450	425	66	26	27	994	79	19	98	92	549	347	988
14	953	741	91	52	55	1,892	89	19	108	307	1,016	555	1,878
15	750	654	71	60	87	1,622	268	15	283	411	1,050	111	1,572
16	569	433	63	22	25	1,112	33	19	52	85	280	24	389
17	540	684	153	57	49	1,483	108	27	135	46	740	252	1,038
Admin. County—													
1951.....	11,578	8,775	1,328	691	688	23,060	2,593	612	3,205	2,040	13,431	4,362	19,833
1950.....	9,989	8,638	1,337	773	589	21,326	2,904	910	3,814	1,207	11,938	4,224	17,369
1949.....	10,890	11,284	2,031	886	846	25,937	4,491	1,502	5,993	1,902	17,270	5,784	24,956
1948..... (from 5th July)	4,556	7,452	952	391	425	13,776	1,363	410	1,773	606	4,394	1,442	6,442

It will be noted from the above that there was an increase in the number of children under 5 years of age who received artificial immunisation during the year. Apart from the fact that the increase was greatest as regards children under 1 year of age, it is particularly pleasing to see that despite the falling numbers of births the figure in this age group was actually greater than in 1949—the year when a record number of immunisations were performed.

Although in 1949, 22,174 children were immunised before their second birthdays as compared with 20,353 in the year under report, it is most gratifying that there was an increase in the numbers immunised before attaining the age of 1 year since protection is thereby being obtained as early as possible with consequent lessening of the risks of mortality from diphtheria attendant upon infant life.

Primary immunisations of children of school age again showed a decrease, but this may be regarded as a desirable trend provided there is at least a corresponding increase in the numbers of those immunised before reaching school age. In other words, the ideal is that the maximum possible number of children under school age should be immunised, leaving only the need for a continuation of the protected state by reinforcement injections on entry into school and again later during school life.

In studying the above table regard should be had to the remarks made in the report for 1950 with regard to the reaction of the public in that year to the widespread publicity which was given to the ill-defined relationship between paralytic forms of poliomyelitis and recently performed inoculations. Fortunately, with a much reduced incidence of infantile paralysis in 1951, less attention appears to have been paid by the public to the remote possibility of the development of the disease following immunisation, with a consequent gradual return to a fuller use of the facilities offered for immunisation.

It is, of course, imperative that the public should at all times be kept aware of the distinct advantages of immunisation as compared with the, as yet, unproven slight risk of poliomyelitis following inoculation and made to appreciate the effects of a possible return of outbreaks of virulent diphtheria. Continuous and unrelenting effort on the part of all “field workers” and by every conceivable means of health propaganda is therefore called for if the success of the immunisation campaign is to be maintained, and in order that a feeling of apathy consequent upon the near-elimination of diphtheria may not be engendered in the public mind, as has been the experience with regard to vaccination against smallpox.

The following table is included to show the relationship between the numbers of immunisations performed as to those undertaken (a) at County Council clinics, either by general practitioners or the Council’s own medical staff, and (b) by general practitioners in the course of their private practice. For purposes of comparison the Administrative County totals for the two previous years are also given.

Health Division No.	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	220	6	38	228	—	—	—	—	—	—	—	—	195	5	4	4	—	—	415	11	42	232	—	—
2	580	238	85	1,303	—	1	—	—	—	—	—	—	504	51	14	99	—	10	1,084	289	99	1,402	—	11
3	743	63	231	1,196	—	—	—	—	—	—	—	—	394	8	11	72	—	—	1,137	71	242	1,268	—	—
4	799	68	242	1,902	—	8	—	—	—	—	—	—	815	24	33	240	2	—	1,614	92	275	2,142	2	8
5	751	11	51	461	—	—	91	—	17	43	—	—	371	9	12	54	—	—	1,213	20	80	558	—	—
6	518	30	5	119	—	—	—	—	—	—	—	—	445	15	9	74	—	—	963	45	14	193	—	—
7	1,184	49	434	1,266	3	3	—	—	—	—	—	—	666	24	88	129	2	4	1,850	73	522	1,395	5	7
8	1,111	68	368	1,011	—	—	62	—	3	2	—	—	199	7	15	10	2	1	1,372	75	386	1,023	2	1
9	1,451	15	296	1,628	—	—	366	—	68	400	—	—	473	17	52	60	13	7	2,290	32	416	2,088	13	7
10	421	54	30	325	—	—	136	4	3	165	—	—	299	5	51	38	6	—	856	63	84	528	6	—
11	551	67	94	220	—	—	510	55	52	552	—	—	581	15	20	59	1	3	1,642	137	166	831	1	3
12	293	90	58	658	—	1	769	70	121	468	—	—	459	31	24	83	6	1	1,521	191	203	1,209	6	2
13	825	60	96	884	—	—	—	—	—	—	—	—	169	32	2	12	3	—	994	92	98	896	3	—
14	1,359	276	84	1,484	—	—	—	—	—	—	—	—	533	31	24	87	1	1	1,892	307	108	1,571	1	1
15	907	370	228	889	—	—	411	14	47	209	—	—	304	27	8	63	1	5	1,622	411	283	1,161	1	5
16	643	74	21	168	—	—	—	—	—	—	—	—	469	11	31	136	—	—	1,112	85	52	304	—	—
17	1,015	31	112	897	—	—	—	—	—	—	—	—	468	15	23	95	—	—	1,483	46	135	992	—	—
Totals— Administra- tive County—																								
1951.....	13,371	1,570	2,473	14,639	3	13	2,345	143	311	1,839	—	—	7,344	327	421	1,315	37	32	23,060	2,040	3,205	17,793	40	45
1950.....	13,237	882	2,994	13,705	14	119	1,902	161	271	1,369	—	2	6,187	164	549	1,088	97	44	21,326	1,207	3,814	16,162	111	165
1949.....	16,480	1,654	5,023	20,792	6	15	2,909	164	440	1,496	—	—	6,548	84	530	766	190	15	25,937	1,902	5,993	23,054	196	30

P—Primary immunisation (complete course). R—Reinforcement injection subsequent to complete course.



From a study of the above it will be seen that, of a total of 46,183 primary immunisations and reinforcement injections carried out in 1951, only 9,476 or 20·5 per cent. were performed by general practitioners in the course of private practice, the remainder being carried out at County Council clinics. An interesting point about this, however, is that this proportion has been gradually increasing over the past three years inasmuch as in 1949 it was 14·2 per cent. and in 1950 19·0 per cent. On the other hand, the part played by general practitioners in regard to immunisation is the direct opposite to that relating to vaccination against smallpox in the case of which, as will be seen from the table on page 49, they carry out in the course of private practice by far the major portion of the vaccinations performed.

A number of the sessions at the immunisation clinics were, at the request of Divisional Medical Officers, conducted by private practitioners but the majority of the primary immunisations and reinforcement injections were undertaken by the divisional medical staffs. Of the over-all total of 26,305 primary immunisations effected during the year, 15,847 or 60·2 per cent. were performed by divisional medical staffs whilst they were also responsible for 16,222 or 81·6 per cent. of the 19,878 reinforcement injections given. The respective percentages in 1950 were 64·3 and 83·9.

The type of prophylactic used was in almost every case A.P.T. (alum precipitated toxoid) or T.A.F. (toxoid antitoxin floccules), the former being used mainly for the lower age groups and the latter for the older children and for reinforcement injections. The use, on a limited scale, of combined diphtheria and whooping cough prophylactic was reported from several Health Divisions.

No post-Schick tests were reported to have been undertaken in any Health Division during the year.

The number of general practitioners who, at the 31st December, 1951, were taking part in the arrangements for immunisation under the County Council's scheme under section 26 of the National Health Service Act, 1946, was 850, an increase of 40 as compared with the number at the end of the previous year. Of these, 453 were supplied through Divisional Medical Officers with the necessary prophylactics. Practitioners are also able to obtain prophylactics themselves by individual prescriptions through chemists (i.e., under Part IV of the National Health Service Act) and it is known that some 167 obtained supplies in this way.

**Propaganda.**—Methods of publicising the arrangements for, and the value of, immunisation against diphtheria follow roughly the same pattern in all Health Divisions. It is the duty of health visitors to advise parents in this matter during the early months of the child's life and to secure, if possible, consent for the immunisation of the child. To supplement this valuable personal propaganda, many divisions send letters or first birthday cards reminding parents of the importance of immunisation at this stage. At child welfare centres further personal advice is given by the medical and nursing staffs. At the commencement of school life, a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals. During the period under review, the personal approach by health officers was reinforced in practically every Health Division by the distribution of leaflets and display of posters and, in several divisions, by newspaper announcements and talks to Parents' Associations and similar bodies.

**Immunisation State of Child Population.**—Table 16, page 164, shows the immunisation state of the child population by age groups as at the 31st December, 1951, in each Health Division and in the Administrative County as a whole. For comparative purposes the figures for the County for the five preceding years are also given.

It will be seen from the table that by the end of 1951, of the children under 15 years of age 68·5 per cent. enjoyed protective immunity—1·9 per cent. more than in the previous year. This increase is reflected in the percentages of both pre-school children and those of school age, the figures of 52·8 and 78·0 per cent. showing improvements of 1·7 and 1·8 respectively over those for 1950.

Although as regards pre-school children the figure of 52·8 per cent. is the highest yet achieved, it still falls far below the desired minimum and it must be reiterated that if protection afforded by immunisation is to be thoroughly effective it is essential that every effort should continue to be made towards ensuring the protection of the under-fives.

**Diphtheria Notifications and Deaths in Relation to Immunisation.**—The remarkable decline in the incidence of, and mortality from, diphtheria which has taken place over the last decade as a result of the immunisation campaign is clearly shown in the table on page 120. The best evidence of the effect of immunisation is, however, provided by a comparison of the behaviour of diphtheria amongst those immunised and those not so protected. Table 17, page 165, shows, by age groups, the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age during the year ended 31st December, 1951, in relation to immunisation in each Health Division and the Administrative County as a whole, and for comparative purposes the corresponding figures for the County are given for each of the three previous years.

From this table it will be seen that the total number of children under 15 years of age who contracted diphtheria during 1951 was 24—a reduction of two on the number for the previous year. Of the 24 cases, 18 occurred amongst children who had not been immunised and although the remaining six had at some time previously had a full course of immunisation it is generally recognised that diphtheria amongst immunised children is of a much milder character than amongst those not so protected. This is confirmed to a large extent in the table by a comparison of the numbers of deaths occurring amongst the immunised and the non-immunised. It will be noted that, during 1951, 14 of the cases were children of school age—11 of whom had never been immunised. Only one death occurred—that of a 4-year-old child who had not been immunised.



INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION.—A study of Table 18, page 166, will show the variations between the notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1951 and the preceding five years together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected. The continued reduction in the number of cases of diphtheria is a notable feature—the figure of 24 for 1951 representing a decrease of almost 95 per cent. from that of 462 for 1946. The reduction in 1951 was, however, confined entirely to cases amongst immunised children. The difference in the number of deaths in 1951 compared with those in 1946, was similarly 95 per cent. The considerable fall in the case fatality rates for 1951 will be noted, but it should be pointed out that, when dealing with small numbers as is now the case, one death can cause considerable variation in the rates.

One pleasing feature is, however, that whereas over the previous three or four years the case fatality rates, particularly as regards non-immunised children, have risen in direct contrast to the decline in the incidence of the disease, such did not apply in 1951.

### AMBULANCE SERVICE

**General Observations.**—During the period under review continued efforts were made to ensure the most economical use of the ambulance service. In this connection the action of the Ministry of Health, as set out in Circular 30/51, was of great value towards securing the co-operation of Hospital Authorities and Executive Councils in restricting the use of the ambulance service to genuine cases where the special transport such as the service provides is necessary.

The circular clarified the interpretation of section 24 of the Amendment Act, 1949, on points of chargeability where some difference of opinion had formerly existed between Local Health Authorities.

During the year a Special Ambulance Sub-Committee was appointed to review in detail the staff and vehicle establishments, location of stations and systems of communication in order to secure such economies in vehicles and man-power as could be effected without reducing the standard of service provided for the public. The recommendations of the Special Sub-Committee effecting amendments to the Ambulance Service Proposals were subsequently confirmed by the County Council and submitted for the approval of the Ministry of Health.

**Hospitals Appointments Scheme.**—Since the 1st September, 1949, a Hospital Appointments Scheme serving a heavy industrial area has operated at one of the major hospitals in the Administrative County and this scheme, co-ordinated with the County Ambulance Service, has been of value to the industrial firms and to the employees in reducing to a minimum the loss of working hours occasioned by hospital attendance.

In consequence of correspondence with the Ministry of Health this scheme has now been terminated.

**Agency Arrangements.**—In pursuance of the policy of the County Council to terminate agency arrangements as and when expedient, with the object of providing a uniform standard of service throughout the County area, the following agency services were terminated during the year 1951:—

<i>Agency</i>	<i>Service provided</i>	<i>Date terminated</i>
Messrs. Tomlinson (Clitheroe), Ltd.	General service for Clitheroe M.B. and part of Clitheroe R.D.	1st March, 1951.
Burnley C.B.C. ....	General service in certain parishes of Burnley R.D. Amended arrangements restrict agency service to emergency cases only	1st June, 1951.
Grange U.D.C. ....	General service, Grange U.D. and part of Ulver- ston R.D.	1st July, 1951.
Bury C.B.C. ....	General service, Tottington U.D. ....	1st August, 1951.
Preston C.B.C. ....	General service, Health Division No. 4 (part) ....	31st Dec., 1951.

On the 1st January, 1952, the following agency services covering parts of the Administrative County area still existed:—

<i>Agency</i>	<i>Area served</i>	<i>Estimated population, 1951</i>
Westmorland C.C. ....	Ulverston R.D. (part)—(Skelwith; Hawkshead; Claife)	1,340
Blackburn C.B.C. ....	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley); Preston R.D. (part)—(Samlesbury (part) )	8,372
Private Garage Proprietors (Darwen)	Darwen M.B. Blackburn R.D. (part)—(Tockholes; Yate and Pickup Bank; Eccleshill)	31,873
Burnley C.B.C. ....	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnockshaw)	4,321



<i>Agency</i>	<i>Area served</i>	<i>Estimated population 1951</i>
Tarleton Agency Service	West Lancashire R.D. (part)—(Tarleton; Hes- keth-with-Becconsall; North Meols)	7,250
Banks Agency Service		
Wigan C.B.C.	Orrell U.D.	45,514
	Aspull U.D.	
	Standish-with-Langtree U.D.	
	Upholland U.D.	
	Billinge and Winstanley U.D.	
	Wigan R.D.	
Warrington C.B.C.	Warrington R.D. (part)—(Penketh; Great San- key; Burtonwood (part); Winwick (part); Croft; Poulton-with-Fernhead; Woolston; Rix- ton-with-Glazebrook)	30,591
Bolton C.B.C.	Turton U.D.	10,951
Oldham C.B.C.	Lees U.D.	84,031
	Crompton U.D.	
	Royton U.D.	
	Chadderton U.D.	
	Failsworth U.D.	
	Limehurst R.D. (part)—(Alt; Bardsley; Wood- houses)	

**Personnel.—TRAINING.**—The County Council's training programme continued during the year under review and a very satisfactory standard of training was achieved. On the 31st December, 1951, 648 or 92.6 per cent. of the staff held a valid First Aid certificate. From the 1st January, 1952, a revised training programme based on Appendix IV of Ministry of Health circular 30/51 has been adopted.

**NATIONAL SAFE DRIVING COMPETITION.**—All eligible drivers were again entered in the National Safe Driving Competition and of the 621 drivers entered 461 received awards.

**EFFICIENCY COMPETITION.**—The annual competition for the "Lancashire County Council Ambulance Trophy" again indicated that the objects of encouraging and maintaining a high standard of efficiency and creating a spirit of competition among the ambulance service staffs were undoubtedly being achieved. An increased enthusiasm was reflected in the improvement in the marks attained by almost all the Health Divisions.

The competition for the year ended 31st March, 1952, was won by Health Division No. 10 and the winners were presented with the Trophy at a ceremony, which included demonstrations of first-aid and driving, held at the Haydock Park Racecourse on the 24th May, 1952.

**Premises.**—As indicated in a previous report, each of the stations in existence at the 5th July, 1948, was closely examined as to its suitability for incorporation in the County Council's scheme, and it was decided that in cases where existing premises could not be adapted to the needs of the new service, ambulance stations designed in accordance with the recommendations of the Ministry of Health should be erected. Due to national economic conditions the erection of new stations has been somewhat protracted. The table below gives the position as at the end of 1951.

WORK COMPLETED		WORK IN PROGRESS	
<i>Adaptations</i>		<i>Adaptations</i>	
Ashton-in-Makerfield.	Lancaster.	Bacup.	
Atherton.	Lytham St. Annes.	Horwich.	
Bamber Bridge.	Rainford.		
Burscough.	Reedley.	<i>New Stations</i>	
Denton.	Urmston.	Accrington.	Leigh.
Droylsden.	Wesham.	Darwen.	Morecambe.
Grange.	Whiston.	Farnworth.	Ramsbottom.
Hindley.		Fleetwood.	Thornton Cleveleys.
		Huyton.	Widnes.
<i>New Station</i>			
Stretford.			

At the end of the year there were 50 ambulance stations in operation throughout the County area.

**Service Statistics.**—Whilst the increase in the demand on the ambulance service continued during the year 1951, the rate of increase declined in the latter part of the year, and it may be reasonable to conclude that some measure of stability has been reached.

The numbers of patients conveyed and the mileage covered by the directly provided service during the year are given below, compared with the totals in the preceding year.

Vehicle	No. of patients conveyed				Mileage involved
	Emergency	General (including out-patients)	Infectious disease	Total (all types)	
Ambulance .....	31,473	209,596	3,183	244,252	2,089,347
Sitting Case Car .....	7,093	107,305	167	114,565	1,613,762
<b>TOTAL—1951</b> .....	<b>38,566</b>	<b>316,901</b>	<b>3,350</b>	<b>358,817</b>	<b>3,703,109</b>
<b>1950</b> .....	<b>32,751</b>	<b>273,073</b>	<b>2,896</b>	<b>308,720</b>	<b>3,300,200</b>

The number of patients represents an increase of some 16 per cent. over the figure for 1950, involving a corresponding increase of slightly more than 12 per cent. in the mileage figure.

**Vehicles.**—The following classified statement shows the total number of vehicles under the control of the ambulance service at the 31st December, 1951, in relation to the position at the end of the previous year:—

*Total vehicles in service at 31st December*

	1950	1951
New ambulances purchased by County Council .....	112	143
Transferred ambulances .....	44	21
<b>Total ambulances</b> .....	<b>156</b>	<b>164</b>
New sitting-case cars purchased by County Council .....	80	92
Transferred and other cars .....	5	3
<b>Total cars</b> .....	<b>85</b>	<b>95</b>
	<b>241</b>	<b>259</b>

The above figures relate to vehicles serving areas under the direct control of the County Ambulance Service and do not include vehicles owned by other local health authorities and certain private hire firms which cover portions of the County area under agency arrangements.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

**Prevention of Illness—Health Education and Propaganda.**—**COUNTY HEALTH SERVICES EXHIBITION.**—In the past health exhibits have been staged mainly in conjunction with exhibitions arranged by County District Councils. These exhibits have been well received and the Health Committee decided to set up a complete exhibition with the object of helping people to understand the scope of the various health services provided by the County Council.

The individual exhibits were designed to arouse interest in the services rather than to attempt to explain them fully. This was done in the hope that the public would be stimulated to ask questions and enter into discussion on matters of interest. A necessary corollary of this method was that each exhibit should be attended by a member of the divisional health staff, e.g., a health visitor or a home help, or other health officer such as the sanitary inspector.

This conception that a Health Services Exhibition should require the co-operation of the public with the health officer for its successful operation proved to be sound and while there was, perhaps inevitably, considerable variation in the extent to which personnel from the health services were present, it was quite clear that the exhibitions which were most successful in achieving their object were those in which the divisional health staff played the most active part in fostering such co-operation.

The following details, taking two of the stands as examples, will indicate how the attempt was made to interest the public in the services, to stimulate enquiry and to emphasise that they are of great personal importance in the life of each individual.

**Midwifery.**—The equipment used by County Council midwives, both in connection with childbirth and the care of premature babies is displayed on this stand. Silhouettes show the effect of exercises practised during pregnancy.



*Ambulance.*—The first stand depicts the correct method of calling an ambulance in an emergency and stresses the need for following the correct procedure. After dialling from a telephone kiosk by the method employed in the locality in which the exhibition is being staged, e.g., “999”, a series of photographs are illuminated, showing in sequence the events which take place from the receipt of the call in the telephone exchange to the patient arriving at hospital.

The second stand is a replica of the interior of the ambulance specially designed and used by the County Council for the conveyance of patients over long distances.

The exhibition is shown in a district for four or five days and is then transported to another area, the intention being that all Health Divisions should have the opportunity to make use of it in their area, two or three times, according to their needs.

The following services are covered by the exhibits:—

Ambulance.	Health Visiting.	Immunisation and Vaccination.
Midwifery.	Home Helps.	Food and Drugs.
Child Welfare.	Home Nursing.	

There are also further stands concerning closely related services:—

Care of the Aged.	School Health.	Dental Care.
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In addition, it was thought advisable to include an exhibit to draw attention to the numerous causes of accidents in the home. On this stand a number of telephones are provided through which can be heard short talks on the prevention of accidents. There is also the large exhibit kindly loaned by the Ministry of Food to emphasise the importance of cleanliness in the handling of food and, finally, an exhibit, provided by the Ministry of Agriculture and Fisheries, including living rats to point out the danger to health resulting from the presence of rats and mice and stressing the need for maintaining clean premises in order to keep them clear of rodents.

An information bureau is set up at each exhibition. This is attended by a member of the divisional health staff, able to answer questions on the operation of the services and from whom literature concerning all the services and many health topics can be obtained.

Some of the most successful periods of the exhibition have been those in which groups of people have collected round particular stands and health personnel in attendance at the stands have encouraged questions and discussions and also expressions of opinion. In this way interest is stimulated and the public get to know much more about the value of the services to them personally and the best way to make full use of them.

A special effort has been made to encourage school children to take an interest in the health services. Children of 12 years of age and over are shown round the exhibition in conducted parties during the mornings and early afternoons when the exhibition is not open to the general public. Divisional Medical Officers or members of their staff explain the various stands to parties of about 15 children, indicating the purpose of the various services.

During the period of the exhibition, films covering a wide range of health topics were shown at frequent intervals to members of the public. Films, however, are not shown to school children visiting the exhibition in organised parties, as it is considered that the opportunity should be used to talk to them, and to focus their attention on particular aspects of the health services.

From the date of the opening in May, 1951, to the end of the year, the exhibition was staged in 18 places and was visited by over 51,000 members of the public. The daily average attendances of adults over the whole County was approximately 650 though there was, of course, a considerable variation in the attendance figures in the different Health Divisions.

**OTHER EXHIBITIONS.**—In addition to the County Health Services Exhibition, assistance was given in connection with health exhibitions organised by factories, workshops, and other bodies, and on several occasions display stands were set up at health exhibitions arranged by County District Councils.

**LECTURES.**—The stressing of the need for hygiene in food handling again played an important part in health education activities during the year. Courses of lectures in the hygiene of food handling were given by specialist staff to those engaged in the production and manufacture of food and also to members of the public. Lecturers used various media for illustration purposes, e.g., films, film strips and examples of culture growth, and conducted practical experiments to show the necessity for personal and general hygiene.

Lectures on sex education were again given by medical experts to selected audiences at the request of youth clubs and Parent Teacher Associations. Many head teachers of secondary schools have asked for more guidance and help in this subject in respect of their school leavers.

Great appreciation of the value of health education is shown by youth clubs and, as in previous years, many requests were received during the year from the organisers of these clubs for health topics to be included in their syllabus of lectures.

FILMS.—In addition to the frequent showing of films at the County Health Services Exhibition, 152 film shows were given at school clinics and at meetings of Women's Institutes, Men's Guilds and other organisations.

Some idea of the variety of subjects dealt with and the different kinds of audiences to which health films were shown may be gained from the following list of titles of films used during the year. Divisional Medical Officers are supplied with complete and up-to-date lists of all films available.

*Films Shown During 1951*

<i>Title</i>		<i>Subject</i>
Control of Body Temperature .....	.....	Explains how the temperature of the body is regulated.
Circulation of the Blood .....	.....	Shows functions of the heart, lungs, arteries, veins and capillary network.
Blood .....	.....	Shows the nature and function of blood.
Blood Transfusion .....	.....	Tells the story of how doctors and scientists of many nations made possible modern methods of preserving blood and using it far from the places where the blood was given.
Care of the Feet .....	.....	Describes the structure of the foot and draws attention to the chief causes of foot troubles.
Carriage .....	.....	Shows the correct way of standing, sitting and walking, illustrated by children from elementary schools in a large town.
Round Figures .....	.....	Shows the importance for health of good posture, the subject being treated somewhat humorously. Examples taken of a man in a street, a housewife, and a factory worker.
Footsteps to Beauty .....	.....	Many people suffer from bad feet owing to the lack of care in choosing footwear. The film urges the need for well-fitting shoes in good repair, and indicates the value of exercise, and of proper carriage in walking.
Best Foot Forward .....	.....	Shows the importance of proper care of the feet, stressing the careful selection and fitting of shoes, and facilities for the treatment of foot disabilities.
Teeth are to Keep .....	.....	A partly animated cartoon designed to impress on children the importance of the tooth-brush, correct foods and periodic visits to the dentist.
The Teeth .....	.....	Explains development and structure of teeth and stresses the importance of proper care. Reveals the growth cycle of teeth from embryonic stage through adulthood.
Your Children's Teeth .....	.....	Shows the importance of antenatal care of mothers and of proper food in helping children to grow good teeth.
Fundamentals of Diet .....	.....	Describes comprehensively the basic types of foods needed in daily diet, and explains the contribution made by each type to body-building.
Food and Nutrition .....	.....	Indicates the general principles of nutrition.
Principles of Cooking .....	.....	Explains the fundamental principles involved in various methods of cooking meats and vegetables—boiling, frying, grilling, braising, roasting, steaming and pressure cooking.
Your Children's Meals .....	.....	Emphasises main points to remember when dealing with children and their meals.
World of Plenty .....	.....	About food, how it is grown and harvested, marketed and eaten.
Food Manufacture .....	.....	Gives an impression of the many jobs involved in flour-milling, baking, the milk trade, including cheese and butter-making, the meat industry, canning, brewing and distilling.
Catering .....	.....	For the staffs of canteens in factories, offices, British Restaurants and the fighting forces.
Stanley Takes a Trip .....	.....	A cartoon for children. Shows what to eat in order to grow up healthy.
Dinner at School .....	.....	About school meals.
Serving Dinner at School .....	.....	For canteen workers and specialist personnel dealing with provision of meals in school.
Young and Healthy .....	.....	Shows the need for eating and drinking the right food, and the need for plenty of exercise.
Another Case of Poisoning .....	.....	For food-handlers of all kinds. Showing the causes of food poisoning and how it can be prevented.
Oh, Whiskers ! .....	.....	Made to teach children under 10 years of age the importance of cleanliness, and of eating good food.
Insect Pests in Food .....	.....	Shows what they are (views through a microscope), where they come from, how they multiply, conditions promoting their growth, and how they can be destroyed.
Fly About the House .....	.....	A humorous cartoon on the fly nuisance, showing how food contamination can be avoided by proper precautions.
Behind the Menu .....	.....	Showing public eating-places in Canada and the organisation behind the scenes to ensure cleanliness and a high standard of sanitation.



<i>Title</i>	<i>Subject</i>
Out and About .....	Shows how walking at the week-end is one of the best ways for boys and girls to relax and keep fit.
Action .....	Illustrates how games provide training and exercise in discipline, strength, self-assurance and alertness.
Healthy Holidays .....	Shows how to make the most of a hiking, motoring or seaside holiday and so to store up health for the future.
A Modern Guide to Health .....	Humorous cartoon treatment of general health problems: correct posture; the value of exercise and fresh air; the importance of suitable clothes; how to avoid insomnia.
Breathing .....	Shows how breathing supplies the necessary oxygen to the body.
Digestion .....	A study of the processes of digestion.
Unwanted Guests .....	Indicates the conditions under which the head louse flourishes; how it travels from person to person; its life-history and habits; why it is dangerous; how it can be combated.
The Story of D.D.T. ....	Shows how D.D.T. was discovered 70 years ago and how it was used as an insecticide in the last war.
Housefly .....	The effect of fly-infested living accommodation on health is shown, and hints are given on the manner in which this danger can be countered effectively.
Penicillin .....	The story of the discovery of penicillin.
Unseen Enemy .....	Shows the germ as the unseen enemy of mankind, how it affects him, how it is transmitted, and simple remedies.
Insects as Carriers of Disease .....	Explains how insects carry disease, and simple precautions against them.
This is Britain: Health .....	About research into the common cold at Salisbury.
Conquest of a Germ .....	A tribute, in dramatised form, to the research workers and doctors who discovered the sulphonamide drugs which have revolutionised the treatment of pneumonia, child-birth fever, meningitis and other diseases.
His Fighting Chance .....	Explains the latest techniques in rehabilitation of victims of infantile paralysis.
Breath of Danger .....	Shows how the common cold is spread, and how everyone can help to protect himself and his neighbours.
Defeat Diphtheria .....	Explains, by some simple diagrams, the nature of the disease, tells how the anti-toxin was discovered and shows parents the part they must play in protecting their children.
A Start in Life .....	A picture of the health services for children in Britain; pre-natal advice, maternity and children's clinics, day nurseries, and medical services and meals at junior and senior schools.
Your Very Good Health .....	Deals with the National Health Service Scheme.
One Man's Story .....	Illustrates the manifold duties of a Medical Officer of Health.
Taken for Granted .....	Explains modern methods of sewage disposal.
Young Housewife .....	Describes the domestic science courses for young girls of 12 to 15 years of age in Scottish schools.
Five Towns .....	The pottery industry seen through the eyes of a London girl.
Pasteur's Legacy .....	The work of the Pasteur Institute in Paris.
The Story of Dr. Jenner .....	Shows how doubt, disappointment and hostility faced Dr. Jenner after the discovery of the anti-smallpox vaccine.
Your Children's Sleep .....	Shows some of the causes of inadequate and troubled sleep in children.
Your Children and You .....	Gives practical suggestions to parents on care of young children from the first months to the age of four or five years.
A Child Went Forth .....	A visit to an American school for under-fives where the children can learn while they play in natural surroundings.
Children Growing Up With Other People .....	Intended to help teachers in training to see the problems of particular age groups, in relation to a continuous process of development.
Children Learning by Experience.....	Is designed primarily for teachers in training. It is a study of children as they go about absorbed in their own affairs, learning in their own way.
Double Thread .....	Shows how a nursery school enables children to play, eat, rest, look after themselves and indulge their curiosity at their own pace during a typical day.
Caring for Childrén .....	About girls training in nursery work.
Children of the City .....	A study of juvenile delinquency in Scotland.
Children on Trial .....	A dramatisation of the problem of child delinquency in this country.
The Feeling of Hostility .....	The case-history of Clare, an outwardly successful but inwardly incomplete personality. A psychological study.
Feeling of Rejection .....	Psychiatric study of little girl, over-protected in childhood, who suffers in early 20's from lack of confidence.

<i>Title</i>	<i>Subject</i>
City of Children .....	Shows methods for providing widespread activities and a full life for children denied the care of parents.
The City .....	Film essay on the need for town-planning in order to solve the problems created by lack of planning in the nineteenth century.
New Towns for Old .....	A visit to "Smokedale" to see what has been done, and the opportunities that exist for replanning towns after the war.
Twenty-four Square Miles .....	Surveys a rural area of 24 square miles, including the market town of Banbury, and analyses in detail the local communications, population figures, trade and industry (chiefly agriculture), housing, social life, public administration, schools, and health services.
Subject for Discussion .....	A discussion of the symptoms and effects of venereal disease, and methods of treatment.
Subject Discussed .....	An explanation of the causes, symptoms, effects and treatment of syphilis and gonorrhoea by a woman Industrial Medical Officer and a County Director of Venereal Diseases Services.
Papworth Village Settlement .....	About the Papworth Village Settlement for tubercular patients, a self-contained village community with full facilities both for the medical treatment of tuberculosis and for the living and working needs of the patients.
They Do Come Back .....	Story of the fight against tuberculosis by the hospitals of the United States of America.
A New Beginning .....	Modern rehabilitation methods for tuberculous patients in sanatoria.
Defeat Tuberculosis .....	Shows how tuberculosis is contracted and may be avoided, and the importance of early examination and treatment by a doctor.
Mass Radiography .....	Shows the visit of a mobile unit to a large factory.
Playing With Fire .....	Prevention of accidents to young children in the home through burning and scalding.
It Might Be You .....	About a typical accident between a private car, a cyclist and a pedestrian.
A Ride With Uncle Joe .....	Illustrates how people should behave on the roads.
No Accidents .....	Shows the kind of accident risks that exist in factories and how they can be prevented.
Accidents Don't Happen—Falls .....	Shows how, by taking care, booby-traps may be eliminated.
It Might Have Been You .....	Some lessons in road safety for drivers and pedestrians.
Triumph Over Deafness .....	Modern advances in giving aid to the deaf. The film shows how adults are helped by the Deaf Clinic at Manchester University.
Life Begins Again .....	An account of new methods of rehabilitation for men injured in industry or in the forces.
They Live Again .....	Accident Service principles of surgical treatment and rehabilitation methods as practised at a miners' hospital in the Midlands.
Victory Over Darkness .....	The story of the work done at St. Dunstan's in looking after the blinded, and training them for work.
Training of the Disabled .....	Designed to show to the untrained disabled and to potential employers, the wide range of trades and occupations open to injured men and women, when equipped with artificial limbs and properly re-trained.
Out of the Night .....	Illustrates the training of blind people in Britain for interesting and useful careers, and also the training of blind children in special schools.
Reproduction Among Mammals .....	Presents a clear and complete story of mammalian reproduction.
A Flying Start .....	For general audiences of women on the advantages of breast-feeding.
Water, Friend or Enemy .....	Shows why drinking water supplies can be dangerous. Some simple protective measures.
Old Wives' Tales .....	Cartoon film on health, exploding three popular fallacies: (a) "Ne'er cast a clout"; (b) "A little dirt won't hurt you"; (c) "Night air is dangerous".
Town Rats .....	Shows how a local authority deals with rat-infestation in an urban district.
Britain Can Make It .....	An account of an interesting group experiment by the Medical Research Council to investigate the origins, prevention and cure of the common cold, a major cause of absence from work.
Industrial Dermatitis .....	How one doctor works in a large factory where the dermatitis figures are much above the average.
Knights of St. John .....	An example of the kind of work done by members of the St. John Ambulance Brigade.
Feeding Time at the Zoo .....	Shows various animals being fed and the different kinds of food which they eat.
Colour in Clay .....	Pottery-making in Britain to-day.



**Care and After-care.**—**CONVALESCENT HOME CARE.**—The scheme for convalescence for general cases continued to expand, 480 persons being sent to convalescent homes of the holiday-home type in 1951, compared with 405 in 1950. The scheme also includes facilities for young children who require to be sent away from home owing to the presence there of a person suffering from tuberculosis.

Applications for convalescent home care come from hospital almoners, voluntary social workers and from general medical practitioners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office. Wherever practicable, beds are booked for the "season"—usually from May to September, and this year seven beds were so reserved.

The following statements give particulars of the 480 individuals admitted to convalescent homes during the year:—

*Adults admitted to Convalescent Homes*

Name and address of home	Adults	
	Male	Female
Barrow War Memorial Convalescent Home .....	24	59
Binswood Red Cross Home, Didsbury, Manchester .....	2	9
Blackburn and District Convalescent Home, St. Annes .....	10	12
Convent of Our Lady of Lourdes, Boarbank Hall, Grange .....	5	12
Convent of Our Lady of Wisdom, Blackpool .....	—	1
Cotton Industries' Convalescent Home, Poulton-le-Fylde .....	—	5
Craven Lodge Home for the Blind, Harrogate .....	1	—
Dolly Ross Holiday Home, Devonia Hall, Margate .....	1	—
Grey Court Fellowship, Hest Bank .....	6	22
Heath Memorial Convalescent Home, Llanfairfechan .....	39	—
Lantern Hotel, Worthing .....	—	1
Lear Home of Recovery, West Kirby .....	—	16
Llandudno Convalescent Home for Women .....	—	42
Park Hall (Evelyn Devonshire Home), Buxton .....	1	—
Parkside, Arnside .....	5	3
Peveril Rest Break House, Buxton .....	—	1
Sydney House, Pensarn .....	—	2
Tan-y-Bryn, Abergele .....	12	1
West Hill Convalescent Home, Southport .....	21	43
<b>TOTAL</b> .....	<b>127</b>	<b>229</b>

*Children admitted to Convalescent Homes*

Name and address of home	Unaccompanied children under school age
Blundellsands Convalescent Home .....	1
Broomgrove Nursing Home, Wavertree, Liverpool .....	1
Ellen Gonner Convalescent Home, Hoylake .....	5
Ormerod Children's Home, St. Annes .....	2
Parkside Children's Home, Lancaster .....	2
Princess Christian College Nursery, Fallowfield .....	1
Rainford Hall Nursery, Rainford .....	2
Sefton Home, Birkenhead .....	5
West Kirby Convalescent Home .....	6
<b>TOTAL</b> .....	<b>25</b>

*Mothers accompanied by children admitted to Convalescent Homes*

Name and address of home	Mothers accompanied by children			
	Mother with one child	Mother with two children	Mother with three children	Mother with four children
Brentwood Recuperative Centre, Marple .....	2	6	4	1
Sydney House, Pensarn .....	19	6	—	—
<b>TOTAL</b> .....	<b>21</b>	<b>12</b>	<b>4</b>	<b>1</b>

The service fulfils a real need and many persons now have an opportunity for recuperation in a convalescent home which they could not otherwise have obtained. The cost of convalescence may be recovered from the applicant, and the basis of assessment is on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care, and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult. If it is necessary for an applicant's family to have both home help and convalescent home care at the same time, the higher contribution for one service is deemed to cover both services. In necessitous cases the cost of transport to and from the home is met by the County Council.

**LOAN OF NURSING EQUIPMENT.**—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment are generally made by hospitals, general practitioners or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in many areas mutual arrangements have been made with these organisations.

Last year a survey was completed to determine total requirements of nursing equipment in each Health Division, and in 1951 practically all equipment required was delivered and put into use. In addition a central control was established to handle equipment of an expensive or specialised kind and therefore of limited use (for example, postural beds, special cots, stair chairs, etc.). Stocks of equipment are held by selected nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs. Altogether approximately 200 such stores have been set up.

**TUBERCULOSIS.**—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies.

Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Councils; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council normally employ a staff of 37 health visitors specially trained in the domiciliary care and nursing of tuberculous patients. Primarily engaged in domiciliary visiting, the health visitors, who work in close co-operation with the chest physicians, also devote part of their time to duties in the chest clinics of the Regional Boards—an arrangement which adds to the effectiveness of their work and that of the chest clinic.

Although the chest physicians of the Regional Hospital Boards devote a major portion of their time to work for the Regional Boards in the clinics and hospitals, they spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's health visiting staff.

The following statements summarise the work carried out during the year 1951 on behalf of the local health authority by the chest physicians and tuberculosis health visitors:—

(a) *Chest Physicians.*

Patients visited at their homes:—

New patients and contacts examined for diagnosis or expert opinion .....	284
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Revisits to old cases and old contacts—

Respecting continued general supervision or dispensary treatment .....	1,053
Contacts respecting diagnosis .....	35
Ordinary cases respecting diagnosis .....	7

(b) *Tuberculosis Health Visitors.*

Number of attendances at Care Committee meetings.....	46
Number of lectures or addresses given .....	37

Home visits—

Routine visits—

(i) New cases and contacts .....	4,352
(ii) Old cases and contacts .....	35,597

Visits for special purposes—

(i) Surgical dressings .....	273
(ii) Orthopaedic attention .....	459
(iii) Other actual nursing .....	566

Initial visits regarding Tuberculosis Regulations .....	146
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In addition, the tuberculosis health visitors attended a total of 7,628 dispensary sessions during the year.

A summary of the work of the tuberculosis health visitors in the respective Health Divisions is given in Table 19, page 167.

In tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end, the County Council, in conjunction with other bodies, have made available the facilities summarised below:—

*Extra nourishment.*—The National Assistance Board may make cash grants for the purchase<sup>o</sup>f extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge.

*Extra beds and bedding.*—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

*Nursing equipment.*—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

*Medical requisites.*—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

*Shelters.*—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

*Home help.*—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination.

*Rehabilitation.*—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases, arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. As a rule the patient has no earned income and so far no charge has been made to a patient for his maintenance.

The cost of rehabilitation is highest while the patient is learning his trade and on his transfer to the workshops the cost decreases over a period of about three years. The County Council accept responsibility for the case up to five years after which the patient is deemed to be resident in the colony.

Arrangements have been made with the following units:—

East Lancashire Tuberculosis Colony, Barrowmore Hall, nr. Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.

Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.

British Legion Village, Preston Hall, Maidstone, Kent.

Several voluntary Care Committees are still functioning in the County area and carrying out valuable work by assisting patients suffering from tuberculosis and also their families. Health visitors carry out liaison with these Committees and attended 46 meetings during the year.

*Non-notified fatal cases.*—Reference is made in the section of the Report on the "Prevalence of, and Control over, Infectious Diseases" to deaths from tuberculosis in persons not notified before death and to the improvement in the proportion of non-notified fatal cases to total fatalities from tuberculosis from almost one death in every five in 1950 to one in eight during 1951.

As such cases only come to light on receipt by the Medical Officer of Health of a copy of the death certificate it is obvious that no steps can have been taken to control the spread of infection and this is, without doubt, a serious matter, particularly with regard to members of the family of the deceased who must have been in close contact with the case during life.

A continuation of this improvement in the ratio of non-notified fatal to total fatal cases is therefore an essential step towards the prevention of tuberculosis. To secure that no such case should escape notification is far from easy, however. The conclusion cannot be avoided that some cases ascertained by

hospital medical staffs are remaining un-notified, either through inadequate regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition, there is still a natural reluctance on the part of many persons infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community.

The ascertainment of additional and perhaps unsuspected cases has been achieved by the use of mass radiography, but there continues to be a real need for an extension of health education activities to inculcate in the public a full appreciation of their moral responsibilities in this respect. Additionally, of course, there must run parallel with such teaching increased facilities for the isolation and treatment of infective cases—facilities which, owing to staffing difficulties, still fall short of the optimum.

*Mass Radiography.*—The Liverpool and Manchester Regional Hospital Boards, who cover between them the Administrative County area, have mass radiography units which are set up at different centres.

(a) In 1951 the number of miniatures taken in the Administrative County by the units of the Liverpool Regional Hospital Board, which covers Health Divisions Nos. 7, 9 and 10, was almost treble that in 1950—12,332 as compared with 4,200. The following is a statement kindly supplied by the Board:—

No. of miniatures taken—	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Factories, etc. ....	6,906	2,480	9,386
(ii) Schools ....	1,014	1,121	2,135
(iii) Training colleges ....	60	751	811
	7,980	4,352	12,332
No. of cases ascertained—			
(i) Active tuberculosis ....	14	4	18
(ii) Inactive post-primary tuberculosis.....	86	23	109

The number of active cases ascertained amounted to 0.15 per cent. of the total persons examined.

(b) During the year 1951 the mass radiography units of the Manchester Regional Hospital Board carried out surveys in the following districts of the Administrative County of Lancaster: Dalton-in-Furness U.D., Eccles M.B., Failsworth U.D., Fleetwood M.B., Haslingden M.B., Heywood M.B., Lancaster M.B., Leyland U.D., Middleton M.B., Poulton-le-Fylde U.D., Ramsbottom U.D., Royton U.D., Shaw (Crompton U.D.), Swinton and Pendlebury M.B., Thornton Cleveleys U.D., Ulverston U.D. and Walkden (Worsley U.D.). In addition, the units X-rayed the employees of certain industrial establishments in Clifton Junction (Swinton and Pendlebury M.B.), Littleborough and Trafford Park (Stretford M.B.), as well as the staffs of Health Divisions Nos. 5, 6, 11, 16 and 17, who were working in contact with children.

The statement below shows the number of persons who were examined by mass miniature radiography during the above-mentioned surveys:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employed in factories, shops, etc. ....	65,911	39,560	105,471
General public ....	6,047	12,895	18,942
School children ....	3,992	2,963	6,955
	75,950	55,418	131,368

Of these 131,368 persons, the following number were recalled for large film:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Adults ....	2,565	1,477	4,042
Children ....	81	48	129
	2,646	1,525	4,171



The Medical Director of the mass radiography unit forwards to the Divisional Medical Officer a preliminary report on the conclusion of a survey and a final report as soon as the results are known. Owing to the doubtful nature of many of the abnormalities discovered and the consequent need for a period of observation, there is an unavoidable time-lag between the termination of a survey and the ascertainment of the results. Reports so far completed show that the numbers of active cases of respiratory tuberculosis found were equal to a rate of 1·5 per 1,000 persons examined in the Failsworth survey, 4·1 in Haslingden, 2·5 in Heywood, 1·5 in Leyland and 0·8 in Ramsbottom. No active case of respiratory tuberculosis was discovered among the staffs of the five Health Divisions who were working in contact with children.

Of the 6,955 scholars X-rayed during the year, three were found to be suffering from active respiratory tuberculosis, one being admitted to a sanatorium and two placed under supervision by the Chest Physician; 42 cases of inactive respiratory tuberculosis and 29 non-tuberculous conditions were also classified, but in only 18 instances was any action considered necessary and these were referred either to the Chest Physician or to their own doctors. Three cases still undiagnosed are under observation by the Chest Physician.

*Vaccination against tuberculosis.*—In December, 1949, the Minister of Health approved the County Council's proposals to provide for B.C.G. vaccination by and at the instance of a physician with specialist knowledge and experience of tuberculosis in approved cases where the patient is known to be in contact with tuberculous infection. Chest physicians in clinics dealing with patients from the County area have been elected to undertake B.C.G. vaccinations under the care and after-care scheme.

During the year, 3,432 persons were examined and tested for suitability for B.C.G. vaccination (the bulk of these were under 15 years of age) and 741 were actually vaccinated.

It must be remembered, however, that this is not a full picture of the B.C.G. scheme as many more vaccinations, principally amongst doctors and nurses, are being carried out in hospitals under arrangements made by the Hospital Boards.

In November, 1951, the Minister of Health approved an amendment to the County Council's proposals which now provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the provisions of the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing B.C.G. vaccination.

*Arrangements for tuberculosis treatment in Switzerland.*—The Minister of Health, in conjunction with the Regional Hospital Boards, has made arrangements at two sanatoria at Davos, Switzerland, for the treatment and accommodation of a limited number of suitable respiratory tuberculosis patients who are on the waiting lists for institutional treatment in England and Wales. Patients are submitted for selection through the chest clinics and each selection is made by a Medical Assessor (who is on the staff of a Regional Board) after full consideration of the patient's history and present condition. The Minister has enlisted the co-operation of the British Red Cross Society (in association with the Order of St. John) to give the individual patient concerned all necessary guidance and help about his journey from home to Davos. The Society organises all party-travel and has a Welfare Officer in Davos. The local health authority are given details of the movements of selected patients.

*Protection of children from tuberculosis.*—The Minister of Health has received certain recommendations from the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis. These recommendations are to the following effect:—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination, including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained; both certificates should be based on X-ray and bacteriological, as well as clinical, investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year, and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations, and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements:—

- Day Nurseries—all staff including domestics.
- Health visitors.
- Staff of occupation centres.
- Orthopaedic nurses.
- Nurseries in accommodation provided under the National Assistance Act—all staff including domestics.
- Children's hostels (Children's Committee)—all staff including domestics.
- Residential nurseries (Children's Committee)—all staff including domestics.
- Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.
- Registered child minders (Nurseries and Child Minders Regulation Act).
- Nursery school students entering day nurseries for training.
- Dental officers and dental attendants in school clinics.
- District nurses.
- Tuberculosis health visitors.
- All types of home help who attend sputum positive tubercular patients.

NIGHT AND EVENING HELPS.—In November, 1951, the Minister of Health approved the County Council's proposal to provide an evening visiting service and a night "sitting-in" service. Draft schemes have been prepared and the objects and organisation of these services are summarised below:—

*Night Attendance Scheme—Night Helps.*—This will be used only in cases of extreme emergency, e.g., cases at home awaiting admission to hospital, to provide night attendance where such help cannot otherwise be obtained, or where continued night attendance is being carried out by a relative or friend who must work in the day-time.

The application of the scheme will be as follows:—

Recommendations for the services of a night help will be made primarily by the doctor or district nurse attending the patient.

It is intended that night helps will only be provided in very acute circumstances and only at the discretion of the Divisional Medical Officer or his authorised representative. It is most important that this service should not replace the traditional help of friends and neighbours.

The service will be extended to chronic sick cases where no other assistance is available. Where relief is being provided to a relative who also has work to do in the day-time, the service will be limited to three nights each week.

Service will normally be limited to eight to ten hours in any one night and will be between 8 p.m. and 8 a.m.

If the patient is unable to pay the full fees and he applies for financial assistance, chargeable income will be determined in accordance with the scale for the time being in force for the determination of charges for services under sections 28 and 29 of the National Health Service Act, 1946. In all such cases payment will be pro rata on the basis of a 44-hour week.

Each person taken on the panel of night helps will receive a copy of the conditions of service, a list of duties and full administrative instructions.

Where the patient's condition allows, the householder will be required to provide reasonable lighting and heating arrangements in the room occupied, together with cooking facilities, if necessary.

As all night helps will be employed on a casual basis and no establishment will be laid down, payment to the night helps will be at the rate of 10s. a night of eight to ten hours' duration, plus 1s. 6d. an hour for any time over ten hours but not exceeding 12 hours, and payments will be made weekly. In normal circumstances, there will be a minimum of eight hours' attendance in any one night. In the event of the patient's death whilst the help is on duty, payment will be made for the full period (eight to 10 hours).

Should the help be called out but not be required, she will be paid 2s. 6d., such payment to cover travelling expenses.

An overall will be provided free on loan to the night help, and the night help will be reimbursed for the cost of laundering overalls, travelling expenses (except in the circumstances in the previous paragraph, i.e., an abortive visit), telephone calls and postages.

There will be an administration charge of two shillings a night over and above the payment to the help (this is approximately 3d. an hour).



A person having home help service and requiring the service of a night help during the same period will be assessed in the usual way for the service of the home help and the actual amount charged for home help service will be taken as an item of necessary expenditure for the purpose of making a re-assessment to determine the charge for night help service.

The Divisional Medical Officer has authority to remove from the panel of night helps any person whose conduct is considered to be contrary to the interests of the householder where she is employed, or of the service.

The following is an outline of the duties of a night help:—

- (a) Keep the patient clean and tidy and provide general attention.
- (b) Make meals and, if necessary, feed the patient.
- (c) Maintain heating arrangements as required.
- (d) Be prepared to perform the last offices in case of death of her patient.
- (e) Take her meals as convenient according to her patient's condition, and supply her own food.
- (f) In no case is the help required to undertake household duties with the exception of those set out in paragraphs (b) and (c) above.

*Evening Attendance Scheme—Evening Helps.*—This service will be used only in cases where the alternative would be institutional treatment, to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary for the patient to be made comfortable for the night.

The application of this scheme will be similar to that for night helps, except that:—

Service will be provided each night in approved cases where no other assistance is available.

Service will be limited to one visit on one day and this visit will be between the hours of 6 p.m. and 11 p.m.

Remuneration will be at the rate of 2s. per visit, for authorised visits made, and payable weekly.

Should the help be called out but not required she will be paid (a) the full fee if that is her only visit that evening or (b) a half-fee if she has more than one visit booked for that evening.

The maximum charge to a patient will be 2s. 3d. per visit, which includes an administration charge of 3d. If the patient is unable to pay the full fees and applies for financial assistance, the charge may be reduced subject to the application of the scale for the Home Help Service as modified in connection with the night help service, to the following:—

<i>Net chargeable income according to the scale</i>	<i>Charge per visit</i>
5s. or less .....	Nil
5s. 1d. to 15s. ....	6d.
15s. 1d. to 24s. ....	1s.
24s. 1d. to 32s. ....	1. 6d.
32s. 1d. to 39s. ....	2s.
39s. 1d. and over .....	2s. 3d.

The duties of evening helps are outlined below:—

- (a) Keep the patient clean and tidy and provide general attention.
- (b) Make meals and, if necessary, feed the patient.
- (c) Take her meals as convenient according to the patient's condition and supply her own food.
- (d) In no case is the evening help required to undertake household duties with the exception of those set out in paragraph (b) above.

*General.*—In applying the scale for determining the charges for either of these services any person whose sole income is the old age pension and/or national assistance in the form of a grant of supplementary pension should not be required to contribute.

In the event of it being necessary, a person employed by the County Council as a home help may be engaged as a night help or evening help, providing such night or evening attendance would not adversely affect the performing of her duties as home help, and on condition that the night attendance or evening attendance is a distinct and separate engagement.

**NURSING AID SERVICE.**—The Minister of Health in November, 1951, approved the proposals of the County Council to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing with the object of providing suitable voluntary help to district nurses in cases of need arising through shortage of staff or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but payment will be made in respect of travelling expenses and laundry. "Nursing aid" was not called in during the year 1951.

PROPOSALS UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.—There are some other minor amendments, not specifically mentioned in this report, to the County Council's proposals for the provision of a service for the prevention of illness and for the care and after-care of sick persons. For record purposes the whole of the revised proposals are here reproduced:—

## NATIONAL HEALTH SERVICE ACT, 1946.—SECTION 28

PROPOSALS FOR THE PROVISION IN THE ADMINISTRATIVE COUNTY AREA OF A SERVICE FOR THE PREVENTION OF ILLNESS AND FOR THE CARE AND AFTER-CARE OF SICK PERSONS, AS APPROVED BY THE MINISTER OF HEALTH ON THE 6TH NOVEMBER, 1951.

### PART I.—GENERAL ADMINISTRATIVE ARRANGEMENTS.

The service for the prevention of illness and for the care and after-care of sick persons in the Administrative County will be administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III Services of the Act will be undertaken by Divisional Committees.

#### TUBERCULOSIS.

It is not proposed at the outset to establish workshops, settlements, hostels or night sanatoria for tuberculous or ex-tuberculous patients, but arrangements will be made with bodies providing such facilities where these prove to be feasible.

The duties of the Divisional Health Committees in relation to care will include the supply of beds and bedding, nursing requisites, nursing appliances and equipment, assistance in securing convalescence facilities and in obtaining suitable employment, the provision of extra nourishment and the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the provisions of the Children Act, 1948.

As regards the care and after-care of the tuberculous, the Local Health Authority will make arrangements with the Regional Hospital Boards for the joint user of medical specialists responsible for the treatment of tuberculosis.

The Local Health Authority will continue to employ in each Health Division a specialised staff of tuberculosis health visitors, whose duties will include the visitation of patients at their homes, prevention of the spread of infection, arrangements for the examination of contacts, reports on environmental and economic conditions, actual nursing of occasional patients, and, by arrangement with the Regional Hospital Boards, attendance at chest clinic sessions in connection with the diagnosis, supervision and treatment of patients.

The Local Health Authority intends to provide for B.C.G. vaccination, by and at the instance of a physician with specialist knowledge and experience of tuberculosis, as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such vaccination in view of their known contact with tuberculosis infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Ministry, and information concerning these records will be supplied to the Ministry on request.

#### MENTAL ILLNESS AND DEFECTIVENESS.

The prevention, care and after-care of mental illness and defectiveness will be undertaken in accordance with the scheme of the Local Health Authority for the provision of a Mental Health Service.

#### OTHER TYPES OF ILLNESS.

The Health Education Service of the Local Health Authority will continue to undertake work in the prevention of venereal diseases. Arrangements for the effective follow-up of persons under treatment will be made with the Regional Hospital Boards.

The Local Health Authority will make arrangements, in cases where the Authority consider that special circumstances warrant them, for patients to undergo social training (including training in residential establishments maintained by voluntary organisations) with a view to effecting a permanent cure and preventing a returning to the kind of life which might cause a recurrence of the disease. The Health Authority will pay the cost of maintenance and training in cases where these are provided by voluntary organisations.

As regards other types of illness, arrangements will be made with the Management Committees of hospitals for the notification of the discharge of patients who are in need of after-care. The duty of home visitation and the submission of reports for appropriate action by the Divisional Health Committee will be undertaken by the Health Visiting Staff of the Local Health Authority. Action will also be initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties. In appropriate cases, arrangements will be made for convalescence in suitable convalescent homes, and where necessary, e.g., in necessitous cases, for the provision of transport.



Arrangements will be made to provide a night attendance service in appropriate cases of persons who are seriously ill, and an evening attendance service in appropriate cases of the chronic sick.

The Local Health Authority will, in appropriate circumstances, adopt the "Nursing Aid Service" of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, with the object of providing suitable voluntary help to district nurses.

The Authority's arrangements concerning the care and after-care of persons, other than those suffering from tuberculosis, will be such as will not fall to be made by the Authority within the scope of provisions of Part III of the National Assistance Act.

#### PROVISION OF NURSING EQUIPMENT AND APPARATUS.

The Local Health Authority will supply Divisional Health Committees with nursing equipment and apparatus required for loan to patients who are being confined or nursed at home.

#### HOME HELP SERVICE

The demand for home help was maintained throughout the year and it has now become clear that the service is as important as a welfare service as it is an auxiliary to the home nursing and hospital services. A trend which became evident last year was maintained, a further substantial increase in the number of attendances to the aged and infirm having been recorded. A further significant feature is the marked fall in attendances on home confinement cases which, proportionately, was considerably greater than the decline in domiciliary births.

During the year attention was given to securing a more permanent staff of home helps by extending the payment of a retaining fee. By the end of the year more than half of the total staff had been placed on a retaining fee basis.

Under section 29 (2) of the National Health Service Act, 1946, a local health authority may, with the approval of the Ministry of Health, recover from persons availing themselves of the home help service such charges, if any, as the authority consider reasonable having regard to the means of these persons. For these charges, the County Council have adopted a scale of allowances, comparable with that used in connection with the National Assistance Board's grants, in order to assess the net income from which recovery could be made. The charge made to the applicant, calculated according to the scale, does not in any case exceed the actual cost of the service. The actual cost of the service is calculated on the maximum wage paid to a help plus an amount of 5d. per hour for administrative charges, e.g., insurance, travelling expenses, printing, stationery and postages, etc. The charges are reduced in many cases after the third week of service.

In general, it has been possible to recruit a sufficient number of home helps but difficulty was again experienced in East Lancashire due to heavy competition from industry.

The following table shows, by Health Divisions, the number of home helps employed on the 31st December, 1951, together with the number of cases for which home help was provided during 1951 and the comparative totals for 1950.

Health Division No.	No. of home helps employed at 31st December, 1951			No. of cases for which a home help was provided during the year for—					
	Whole-time	Part-time		Confinements		Sickness (excluding tuberculosis)	Tuberculosis	Old age and infirmity	Total
		On retaining fee	Casual	At home	Away from home				
1	—	10	14	17	2	39	—	46	104
2	—	16	29	37	—	130	3	115	285
3	—	18	8	61	28	66	—	79	234
4	—	30	30	113	18	144	14	99	388
5	—	17	21	57	14	60	—	50	181
6	2	22	—	95	15	63	3	127	303
7	1	64	27	140	73	388	27	120	748
8	—	13	26	50	4	72	2	54	182
9	—	100	35	140	22	236	26	308	732
10	—	17	42	26	8	98	6	86	224
11	—	80	44	52	19	325	9	257	662
12	1	30	30	38	56	168	3	111	376
13	—	13	8	25	10	41	2	129	207
14	—	20	3	70	20	89	2	101	282
15	—	26	14	90	—	101	5	104	300
16	2	12	1	34	19	58	1	46	158
17	—	23	14	47	10	42	2	243	344
Total—Administrative County—1951 .....	6	511	346	1,092	318	2,120	105	2,075	5,710
1950 .....	15	278	565	1,468	347	2,463		1,609	5,887

## MENTAL HEALTH

**Administration.**—The following duties relating to mental health were assigned to the County Council, as the local health authority, under the provisions of the National Health Service Act, 1946 :—

- (a) The powers and, to the extent the Minister of Health directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness;
- (b) The ascertainment and (where necessary) the removal to institutions of mental defectives, and the supervision, guardianship, training and occupation of those in the community.

The proposals of the County Council for the provision of a mental health service for the Administrative County, which were duly approved by the Minister of Health on the 6th April, 1948, were reproduced in the Annual Report for 1947.

In order to carry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the discharge of the functions of the local health authority, set up a Mental Health Sub-Committee which consists of 16 members of the County Council, together with representatives of the Lancashire Branch of the Rural District Councils Association and the Lancashire Executive Council. This Sub-Committee meets as is found necessary and three meetings were held during the year.

As from the 1st April, 1949, the Health Committee decided that the day-to-day administration of the functions of the County Council under the National Health Service Act, 1946, relating to mental health should, in accordance with the County Council's Divisional Health Administration Scheme, be delegated as far as practicable to the 17 Divisional Health Committees, the constitution of which is referred to on page 24. The Divisional Health Committees meet at regular monthly intervals.

**STAFF EMPLOYED.**—The County Medical Officer is responsible for the organisation and control of the mental health service whilst the Divisional Medical Officer and the Assistant Divisional Medical Officers in each Health Division are responsible for the work in the field. In particular, it is their duty to secure the ascertainment of mental defectives within the Division and to see that appropriate action is taken in cases of mental illness. All the Medical Officers are approved for the purpose of giving certificates under sections 3 and 5 of the Mental Deficiency Act, 1913, and the majority are also approved under Regulation 53 of the Handicapped Pupils and School Health Service Regulations, 1945.

The local health authority's proposals for the provision of a mental health service included the appointment of a medical officer with special knowledge and experience of mental illness and mental defect, able to advise on mental health matters, to act under the County Medical Officer of Health. This appointment has not as yet been made. Many of the duties attached to the post have however been carried out by one of the Chief Assistant County Medical Officers and, in addition, whenever possible, arrangements have been made for the consultant psychiatrists of the Regional Hospital Boards to act as advisers and consultants in the divisional areas. This brings the Council's mental health staff into close touch with the mental hospitals, a practice which has many advantages for it facilitates a close association amongst the divisional medical officers, duly authorised officers and mental health workers and the psychiatrists. Case histories are supplied by the divisional staff and there is also opportunity for discussion before a patient is admitted to hospital. Urgent cases can be discussed on the telephone and the authority's field workers have the invaluable assistance of the psychiatrist in deciding questions of priority.

The proposals also included the appointment of a psychiatric social worker attached to the Central Office but so far it has not been possible to make this appointment.

Twenty-six duly authorised officers (male) and nine female mental health workers are allocated to the Health Divisions.

Of the duly authorised officers, thirteen were former relieving officers and the remainder were former public assistance officials who had knowledge of the procedure for dealing with cases under the Lunacy and Mental Treatment Acts. All these officers are authorised to present petitions under the Mental Deficiency Act, 1913, and also undertake the supervision of mental defectives in the community.

Prior to the 5th July, 1948, all the female mental health workers had experience of community work in the care and after-care of persons suffering from mental illness or mental defectiveness. Applications were invited during the year for the appointment of eight additional female mental health workers to be allocated to Health Divisions.

Staffs engaged at the eight occupation centres in the Administrative County area are as follows:—

Lancaster	.....	.....	Supervisor and assistant supervisor.
Waterloo	.....	.....	Supervisor; assistant supervisor; meals assistant.
Huyton	.....	.....	Supervisor; two assistant supervisors; guide.
Ramsbottom	.....	.....	Supervisor; assistant supervisor; meals assistant; guide.
Whitefield	.....	.....	Supervisor; assistant supervisor; meals assistant; guide.
Chadderton	.....	.....	Supervisor; assistant supervisor; guide and meals assistant (combined post).
Swinton	.....	.....	Supervisor and assistant supervisor.
Stretford	.....	.....	Supervisor and assistant supervisor.

Of the occupation centre staffs, three are qualified and the majority of the remainder have had a number of years experience in occupation centre work.



**CO-ORDINATION WITH HOSPITAL AUTHORITIES.**—The local health authority has representation on the Liverpool and Manchester Regional Hospital Boards, and Hospital Management Committees have representation on the various Divisional Health Committees. Reference has already been made to the importance attached to the liaison between the County Council's technical staff and the consultant psychiatrists of the Regional Hospital Boards which in general is working well.

On behalf of Hospital Management Committees, the local health authority undertake the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories of newly admitted patients to mental hospitals and reports on (a) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases during 1951 totalled 2,669, as follows:—

<i>Mental illness—</i>	<i>No. of visits</i>
Case histories .....	816
Reports on home conditions for licence on trial or discharge .....	194
<i>Mental deficiency—</i>	
Progress reports on cases on licence .....	519
Reports on home conditions for:	
(a) licence or discharge .....	512
(b) the purpose of section 11 of the Mental Deficiency Act, 1913 .....	628
	<hr/>
	2,669
	<hr/>

**DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.**—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy and Mental Treatment Acts, 1890 to 1930, the Mental Deficiency Acts, 1913 to 1938, and section 28 of the National Health Service Act, 1946, relating to persons suffering from mental illness or mental defectiveness or the after-care of such persons.

**TRAINING OF MENTAL HEALTH WORKERS.**—Nine duly authorised officers attended a course of training in mental health, arranged in conjunction with the National Association for Mental Health, at the Manchester University prior to the 5th July, 1948. Since that date, the following courses have been attended by mental health officers:—

Five-day course on mental deficiency held at the Calderstones Hospital, Whalley. Attended separately by four duly authorised officers between the 18th July and 19th August, 1949.

Refresher course for occupation centre staffs held in London from the 12th to the 20th April, 1950. Attended by two supervisors and one assistant supervisor.

Course on community mental health held in Manchester from the 6th to the 8th April, 1951. Attended by four duly authorised officers and four female mental health workers.

Refresher course for occupation centre staffs held in Manchester from the 29th March to the 6th April, 1951. Attended by one supervisor and two assistant supervisors.

**Work Undertaken in the Community.**—UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics were attended by duly authorised officers and female mental health workers as required. One hundred and sixty-six attendances were made at clinics in Ashton-under-Lyne, Barrow-in-Furness, Blackburn, Blackpool, Burnley, Bury, Farnworth, Leigh, Macclesfield, Manchester, Oldham, Ormskirk, Rochdale and Wigan.

Care and after-care home visits were made as follows:—

	<i>No. of visits</i>
In respect of patients attending out-patient clinics .....	396
In respect of persons under observation, requiring advice, etc. ....	1,971
In respect of patients discharged from mental hospitals, including ex-service personnel .....	2,619
In respect of patients discharged from mental deficiency institutions or guardianship .....	80

**UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, BY DULY AUTHORISED OFFICERS.**—The following is a summary of the work undertaken by duly authorised officers under the above Acts:—

	<i>No. of cases</i>
(1) Admitted to an establishment designated for the purpose by the Minister of Health:—	
(a) On a three-days order under section 20 of the Lunacy Act, 1890 .....	469
(b) On a 14-days order of a Justice under section 21 of the Lunacy Act, 1890.....	554

## (2) Summary reception orders made:—

(a) Patient conveyed to a mental hospital from another hospital or establishment:	
(i) Following detention on an order under section 20 or 21 of the Lunacy Act, 1890	358
(ii) Not following detention on an order made under section 20 or 21 of the Lunacy Act, 1890	29
(b) Patient admitted direct to mental hospital	305
(c) In respect of a patient already in the same mental hospital:	
(i) As a voluntary patient	132
(ii) As a temporary patient	24
(iii) Under the provisions of section 20 or 21 of the Lunacy Act, 1890	405
(3) Notified as an alleged person of unsound mind or suffering from mental illness and:—	
(a) Dealt with as:	
(i) a voluntary patient	764
(ii) a temporary patient	34
(b) No order made (excludes cases already shown under (a))	419
(4) Transfers from one mental hospital to another	152

UNDER THE MENTAL DEFICIENCY ACTS, 1913 TO 1938.—*Ascertainment*.—The total number of cases reported to be mentally defective was 267 (128 males and 139 females). Of this number, 167 (90 males and 77 females) were reported under section 57 of the Education Act, 1944.

The cases were disposed of as follows:—

	Males	Females	Total
Placed under statutory supervision	78	70	148
Placed under voluntary supervision	4	15	19
Admitted to institutions	14	16	30
In a place of safety under section 15 of the 1913 Act	2	1	3
Died or removed from area	2	2	4
Found not to be defective	3	—	3
Action not yet taken	25	35	60
	<hr/> 128	<hr/> 139	<hr/> 267
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The number of cases awaiting institutional care at the end of the year was 188 (95 males and 93 females).

The total number of cases on the "Register of Defectives in the Community" at the end of the year, excluding those on licence from institutions and discharged from institutions or guardianship was 1,496, as follows:—

	Males	Females	Total
Cases "subject to be dealt with":—			
Under guardianship	14	16	30
Under statutory supervision	568	530	1,098
Action not yet taken	41	51	92
In places of safety	11	7	18
Cases "not subject to be dealt with":—			
Under voluntary supervision or in which some form of contact is maintained	126	132	258
	<hr/> 760	<hr/> 736	<hr/> 1,496
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The total number of defectives admitted to institutions during the year, including new cases reported during the year, was 78 (32 males and 46 females).

Of the number admitted to institutions, ten (nine males and one female) were committed from the Courts and three (one male and two females) were transferred from Home Office Approved Schools and H.M. Prisons.

The total number of cases in institutions at the end of the year was 1,371 (793 males and 578 females).



*Guardianship and Supervision.*—No new cases were placed under guardianship during the year. Since the 31st December, 1950, the number of cases under guardianship has decreased by three due to a death and the transfer of two cases to institutional care. Maintenance grants, ranging from 16s. to 44s. per week, were being made in 25 of the 30 cases under guardianship at the end of the year.

The number of home visits by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions and discharged from institutional care or guardianship, totalled 5,877, as follows:—

		No. of visits
Cases "subject to be dealt with":—		
Under guardianship .....		253
Under statutory supervision .....		4,762
Cases "not subject to be dealt with":—		
Under voluntary supervision or in which contact is maintained .....		862
		<u>5,877</u>

*Training.*—Four occupation centres set up by the former local authority under the Mental Deficiency Acts in the County area were taken over by the local health authority on the 5th July, 1948. Since that date, four additional occupation centres have been opened and these are located in Ramsbottom, Whitefield, Chadderton and Swinton. Negotiations are proceeding for the use of premises for three additional centres and authority has been requested for the inclusion in the County Council's 1952-53 capital building programme of two centres, each to provide accommodation for 45 pupils.

By arrangement, County cases attend County Borough centres in Blackburn, Blackpool, Burnley, Manchester, Oldham, Preston, Rochdale, St. Helens, Salford, Warrington and Wigan.

The total number of cases attending occupation centres at the end of the year was 299 (133 males and 166 females). Of this number, 204 (93 males and 111 females) were attending County centres and 95 (40 males and 55 females) were attending County Borough centres.

#### OTHER SERVICES

**Medical Examinations carried out by Divisional Medical Staff.**—The medical staff employed in the Health Divisions have the responsibility of carrying out medical examinations for a variety of County Council purposes. Chief among these are examinations to determine the fitness of employees to enter the County Council's Superannuation and Sickness Pay Schemes and the examination of children in the care of the Children's Committee. In addition, Divisional Medical Officers holding appointments as Medical Officers of Health of County districts within their divisions also arrange the medical examination for superannuation purposes of employees of the Councils of those County districts.

The total number of medical examinations carried out for the above and other purposes is large and in consequence the time spent by medical officers in this work is considerable. An indication of the extent of the work during 1951 is given in the following table which, though not an exhaustive statement, includes the major groups of examinations undertaken:—

Health Division No.	Type of medical examination							Total examinations
	Employees— for fitness to enter County Council's superannuation scheme	Employees— for fitness to enter other authority superannuation schemes	Employees— for fitness to enter County Council's sickness pay scheme	County Council employees— for fitness to return to duty	Children in the care of the Children's Committee	Under Mental Deficiency Acts	Others	
1	87	28	74	24	118	—	3	334
2	76	81	93	8	264	19	—	541
3	58	6	35	8	270	8	—	385
4	155	4	205	25	353	20	—	762
5	141	104	104	28	82	8	21	488
6	118	28	49	10	53	13	—	271
7	80	57	156	27	148	25	273	766
8	43	23	65	1	141	3	—	276
9	94	16	246	3	200	6	2	567
10	35	34	34	1	116	—	188	408
11	109	1	172	2	132	5	396	817
12	112	141	136	—	202	—	8	599
13	37	45	51	1	47	13	6	200
14	93	37	134	—	29	10	426	729
15	92	16	80	—	123	44	—	355
16	34	69	64	2	24	9	—	202
17	95	70	88	8	80	8	3	352
Administra- tive County .....	1,459	760	1,786	148	2,382	191	1,326	8,052

**Nursing Homes.**—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

At the end of 1951, there were 39 registered nursing homes in the County area, all of which were re-inspected periodically by the divisional medical staffs.

The 39 nursing homes were situated in the following districts:—

<i>Health Division No. 1—</i>				<i>Health Division No. 7—</i>			
Grange U.D.	.....	.....	1	Crosby M.B.	.....	.....	4
Ulverston U.D.	.....	.....	1	Formby U.D.	.....	.....	4
<i>Health Division No. 2—</i>				<i>Health Division No. 8—</i>			
Carnforth U.D.	.....	.....	1	Orrell U.D.	.....	.....	1
Lancaster M.B.	.....	.....	1				
Lunesdale R.D.	.....	.....	1	<i>Health Division No. 9—</i>			
<i>Health Division No. 3—</i>				Huyton-with-Roby U.D.	.....		1
Fleetwood M.B.	.....	.....	2	<i>Health Division No. 10—</i>			
Lytham St. Annes M.B.	.....	.....	7	Golborne U.D.	.....	.....	1
Poulton-le-Fylde U.D.	.....	.....	2	<i>Health Division No. 12—</i>			
Thornton Cleveleys U.D.	.....	.....	3	Whitefield U.D.	.....	.....	1
<i>Health Division No. 4—</i>				<i>Health Division No. 15—</i>			
Longridge U.D.	.....	.....	1	Eccles M.B.	.....	.....	1
Preston R.D.	.....	.....	1	<i>Health Division No. 16—</i>			
<i>Health Division No. 5—</i>				Urmston U.D.	.....	.....	1
Blackburn R.D.	.....	.....	1	<i>Health Division No. 17—</i>			
<i>Health Division No. 6—</i>				Ashton-under-Lyne M.B.	.....		1
Burnley R.D.	.....	.....	1	Denton U.D.	.....	.....	1

The following is a summary of the action taken with regard to the registration of nursing homes during 1951:—

Applications for registration under consideration at 31st December, 1950	.....	1
Applications for registration received	.....	7
Certificates of registration issued	.....	4
Applications withdrawn	.....	1
Applications refused	.....	nil
Applications under consideration at 31st December, 1951	.....	3
Certificates of registration cancelled	.....	6
Re-inspections carried out	.....	64

Particulars of the cases admitted to and treated in the nursing homes during 1951 are given in the following statement:—

No. of patients admitted to the nursing homes—							
Maternity	.....	.....	.....	.....	.....	.....	1,092
Medical	.....	.....	.....	.....	.....	.....	849
Surgical	.....	.....	.....	.....	.....	.....	447
No. of confinements	.....	.....	.....	.....	.....	.....	1,087
No. of confinements in which Minnitt's apparatus was used	.....	.....	.....	.....	.....	.....	620
No. of live births	.....	.....	.....	.....	.....	.....	1,067
No. of stillbirths	.....	.....	.....	.....	.....	.....	18
No. of deaths of infants within 14 days of birth	.....	.....	.....	.....	.....	.....	18
No. of operations	.....	.....	.....	.....	.....	.....	429
No. of deaths (all causes)	.....	.....	.....	.....	.....	.....	230

**Agencies for the Supply of Nurses.**—Part 2 of the Nurses Act, 1943, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act.

At the end of 1951, only one agency—at Lytham St. Annes M.B.—had been licensed.



**Compulsory Removal of Persons in need of Care and Attention.**—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

According to local reports, action under this section of the Act, either in its original form or as amended, was found necessary by five district councils during 1951. General particulars of each case are set out below, all but the first being in respect of persons found to be living in insanitary conditions and incapable of devoting to themselves proper care and attention.

*Haydock U.D.*—An order covering a period of two months was secured in respect of a female, aged 74 years, suffering from a grave chronic disease and not receiving proper care and attention. The patient was admitted to hospital but died within 14 days.

*Prestwich M.B.*—A female, aged 81 years, was removed under a three-weeks order to accommodation provided under Part III of the Act where, after expiration of the order, she remained voluntarily.

*Stretford M.B.*—Under a three-months order a female, aged 76 years, was removed to Part III accommodation, an order for a further two months being secured subsequently. During this period the patient's house was cleansed and repaired and she was then allowed to return home, the assistance of certain voluntary agencies having been obtained to maintain contact with her and relieve her loneliness.

*Urmston U.D.*—An order for three months was granted in the case of a female, aged 82 years. She was admitted to Part III accommodation but subsequently died.

*Chorley R.D.*—Unable to look after herself, a female, 85 years of age, was removed under a three-months order to accommodation provided under Part III of the Act. Two further extensions of the order for similar periods were granted during the year.

## WELFARE SERVICES

## THE NATIONAL ASSISTANCE ACT, 1948

Section 21 (1) of the above Act provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them ;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

Section 21 (2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health. The approved scheme was printed in full on pages 85 to 94 of the Annual Report for 1948.

**Accommodation provided.**—Accommodation is provided in premises managed by the County Council, other local authorities and voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with accommodation during 1951:—

	<i>Males</i>	<i>Females</i>	<i>Children</i>
Hostels managed by County Council	155	194	—
Hostels managed by other local authorities	9	20	—
Former public assistance institutions managed by the County Council	1,005	843	601
Former public assistance institutions, etc., managed by other local authorities	462	425	61
Establishments managed by voluntary organisations—			
Homes for the Blind	24	58	—
Other than Homes for the Blind	63	209	—
TOTALS	1,718	1,749	662

Of this total of 4,129 County residents 1,835 (621 males, 620 females and 594 children) were discharged during the year and 59 males and 69 females died, leaving 2,166 (1,038 males, 1,060 females and 68 children) still in residence at the 31st December, 1951. The comparable numbers of persons in residence at the 31st December of each of the three preceding years were as follows:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>
1950	973	938	130	2,041
1949	921	894	145	1,960
1948	843	773	133	1,749

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities, mainly those authorities with whom “user” agreements existed prior to the 5th July, 1948. There were 318 (158 males, 138 females and 22 children) such cases still in residence at the 31st December, 1951, as compared with 290 at the 31st December, 1950, and 293 at the end of 1949.

A more detailed statement of the numbers of persons provided with residential and temporary accommodation in the various establishments during the year 1951 is set out in Tables 20 to 25 on pages 168 to 175. The few minor discrepancies which may be revealed by a comparison of the figures given under the column headings “Residents at 31st December, 1950” in these tables with those shown under the headings “Number accommodated at 31st December, 1950” in the corresponding tables of the Report for 1950 are due to the inclusion in the former of information not available when the latter were published.



The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year:—

## HOSTELS

<i>Health Division No.</i>	<i>Hostel</i>	<i>Accommodation at 31.12.51</i>	<i>Date of opening of new hostel during year</i>
3	"Norcross", Norcross Lane, Carleton, Thornton Cleveleys .....	24 .....	23rd May, 1951
5	"Hill Top", Manchester Road, Accrington .....	16 .....	—
	"Glendene", Knowsley Road, Clayton-le-Dale, Wilpshire .....	16 .....	17th October, 1951
6	"Stanley Villas", 63 Albert Road, Colne .....	14 .....	5th November, 1951
	"Marles Hill", Wheatley Lane, Barrowford .....	*12 .....	12th March, 1951
7	"Marbenthe", Marine Terrace, Waterloo .....	22 .....	22nd October, 1951
	"Sefton House", Junction Lane, Bursecough .....	28 .....	25th October, 1951
8	"The Limes", Chorley Road, Standish .....	24 .....	—
	"Burtholme", Chorley Road, Worthington .....	19 .....	—
12	"Hazelhurst", Bolton Road West, Ramsbottom .....	16 .....	—
	"Redcliffe", Hilton Lane, Prestwich .....	32 .....	9th August, 1951
13	"Oaklands", Rochdale Road, Milnrow .....	12 .....	—
	"Olive House", New Line, Bacup .....	13 .....	—
	"Brooklyn", Rochdale Road East, Heywood .....	20 .....	—
14	"Claremont", 78 Windsor Road, Oldham .....	18 .....	—
16	"Grangethorpe", 98 and 100 Talbot Road, Stretford .....	25 .....	1st March, 1951.
17	"Holme Lea", Astley Road, Stalybridge .....	19 .....	14th July, 1951

\* To be extended.

## FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

<i>Health Division No.</i>	<i>Premises</i>	<i>Health Division No.</i>	<i>Premises</i>
1	27 Stanley Street, Ulverston.	9	"Delphside", 1 Warrington Road, Whiston.
2	"Bay View House", 2 Quernmore Road, Lancaster.	11	"Atherleigh Grange", Leigh Road, Leigh.
3	"The Highlands", Wesham, Kirkham.	12	"Valley View", Haslingden Road, Rawtenstall.
4	"Moorlands", 152 Eaves Lane, Chorley.	12	380 Rochdale Old Road, Bury.
4	"The Beeches", Garstang.	15	"Bridgewater House", Patricroft, Eccles.
5	"Penmoor", Chatburn Road, Clitheroe.	17	"Lakeside", Ashton-under-Lyne.
7	74 Wigan Road, Ormskirk.		

**Further Accommodation.**—The following premises had been acquired by the County Council for use as hostels for aged persons and each of these will be brought into use as soon as the work of adaptation is completed:—

<i>Health Division No.</i>	<i>Premises</i>	<i>Probable accommodation</i>
3	"The Woodlands", St. Andrew's Road South, St. Annes-on-Sea.....	24
4	Withnell Fold Hall, Withnell Fold, near Chorley .....	40
14	"The Coppice", Windsor Road, Oldham .....	22

At the end of the year negotiations were in progress with a view to the purchase of two further properties for use as hostels.

**BUILDING OF NEW HOSTELS.**—Towards the end of the year work commenced on the building of new hostels at Hindley in Health Division No. 8 and at Middleton in Health Division No. 14, each of which will provide accommodation for 39 residents and the necessary staff.

Tenders had been received for the erection of new hostels at Nelson in Health Division No. 6 and at Huyton in Health Division No. 9, but these were not approved by the Minister of Health. The building of new hostels at Golborne in Health Division No. 10 and Leigh in Health Division No. 11 were also contemplated. At the end of the year consideration was being given to a revision of the plans with a view to increasing the number of residents to be accommodated at these new hostels, to reducing the cost per place, and facilitating the transfer of a larger number of persons provided with accommodation in former public assistance institutions.

**Adaptation of Premises.**—Considerable progress was made during the year with preparations for carrying out improvements in the accommodation allocated to the County Council in former public assistance institutions which were transferred to the Ministry of Health on the operation of the National Assistance Act, 1948, and a basis was agreed with the Regional Hospital Boards as to the financial arrangements.

**General.**—A special report was presented to and approved by the County Council in November, 1951, surveying the position regarding welfare accommodation in Lancashire and formulating policy both on a short term and a long term basis, having in mind the improvement of certain of the allocated units, the ultimate closure of others and the provision of new hostels appropriate in size and equipment to the classes of residents to be accommodated. Consultations have taken place with officials of the Ministry of Health with a view to expediting the improvement of existing accommodation and the provision of new hostels, but the present economic situation and building difficulties, especially in regard to supplies of steel, will considerably delay the fulfilment of the County Council's policy regarding the provision of new buildings and major adaptations.

**Voluntary Organisations.**—At the 31st December, 1950, financial responsibility had been accepted on behalf of the County Council in respect of 227 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special needs and handicaps of the individual. During the year responsibility was accepted for a further 127 residents, but 45 persons were discharged and 21 died, leaving a total of 288 at the 31st December, 1951. Details of these figures will be found in Tables 24 and 25 on pages 173 to 175.

The work among old and infirm persons carried out by voluntary organisations continues and is much appreciated. The Old People's Welfare Committee of the Community Council of Lancashire, to whom the grant of £500 was continued by the County Council, have been successful in assisting the setting up and organising of further local voluntary committees and in co-ordinating the work in that field.

A contribution of £200 was made to the Huyton Branch of the Liverpool Personal Service Society.

**Temporary Accommodation.**—The duty placed upon the Council to provide temporary accommodation is designed to meet the needs of persons who are in urgent need thereof in consequence of such circumstances as flood, fire or eviction, although other circumstances sometimes prevail rendering necessary the provision of temporary accommodation.

There has been no special need during the year to provide for persons affected by flood or fire but, as a result of eviction, accommodation for several families has been provided, at times not without difficulty as some of the families remain in the accommodation for very extended periods.

It must be emphasised that the accommodation provided by the County Council is to meet immediate needs pending other arrangements being made, but in some cases the reason for eviction militates against early re-housing.

**Temporary Protection of Property.**—Where a person is admitted to any hospital, or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property, and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

The Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made.

Arrangements have been made for Hospital Management Committees to co-operate by notifying Divisional Medical Officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made.



## WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister.

The arrangements made by the County Council for promoting the welfare of blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health. The scheme, which is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", was reproduced on pages 95 to 101 of the Annual Report for 1948.

**Blind Persons.**—During the year under report, the main effort of the County Council was directed towards the registration of blind persons, and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind or at home, arrangements for the marketing of their produce, the provision of hostel accommodation for certain blind persons, and the promotion of the general social welfare of all registered blind persons.

**REGISTRATION OF BLINDNESS.**—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology, and the medical portion of the form which is completed is identical with form B.D.8 referred to in the Ministry of Health Circular 1353, dated 5th October, 1933.

During the year 1951, 856 examinations or re-examinations were arranged with the following results:—

	No.	Percentage of total number examined
Persons certified as blind .....	568	66.36
Persons certified as <i>not</i> blind .....	288	33.64

At the end of 1951 there were 4,192 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given:

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1950 .....	14	58	49	348	873	2,810	4,152
1951 .....	18	64	55	351	883	2,821	4,192

**WORKSHOP EMPLOYMENT.**—During the year 1951 the following 15 workshops for the blind employed a total of 183 blind persons under arrangements with the County Council:—

<i>Controlling Body</i>	<i>Address of Workshops for the Blind</i>
* Accrington and District Institution for the Blind.	32 Bank Street, Accrington.
Blackburn County Borough Council.	Thornber Street, Havelock, Blackburn.
Blackpool and Fylde Society for the Blind.	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council.	Marsden Road, Bolton.
Burnley County Borough Council.	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare.	Lytham Road, Fulwood, Near Preston.
Liverpool Cornwallis Street Workshops for the Blind.	Cornwallis Street, Liverpool.

<i>Controlling Body</i>	<i>Address of Workshops for the Blind</i>
Liverpool Catholic Blind Asylum.	Brunswick Road, Liverpool.
Liverpool Hardman Street Workshops for the Blind.	Hardman Street, Liverpool.
Manchester Henshaw's Institution for the Blind.	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind.	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries.	Werneth, Oldham.
St. Helens and District Workshops for the Blind.	Boundary Road, St. Helens.
Warrington, Widnes and District Workshops for the Blind.	4, Museum Street, Warrington.
Wigan, Leigh and District Workshops for the Blind.	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below:—

Occupation	Men	Women	Total
Brush maker .....	42	4	46
Machine knitter .....	—	41	41
Basket maker .....	26	2	28
Skip maker .....	32	—	32
Mat maker .....	21	—	21
Boot and shoe repairer .....	8	—	8
Chair caner .....	1	3	4
Mattress maker .....	1	—	1
Furniture maker .....	1	—	1
Porter .....	1	—	1
<b>TOTAL .....</b>	<b>133</b>	<b>50</b>	<b>183</b>

*Remuneration.*—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered Voluntary Organisations managing the workshops and at the majority of the workshops for the Blind the blind workers are paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour and National Service.

**HOME EMPLOYMENT.**—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff, or by arrangements with the registered Voluntary Organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following Agencies for the Blind supervised on behalf of the County Council the blind persons included in home workers' schemes:—

Accrington and District Institution for the Blind.  
 Barrow, Furness and Westmorland Society for the Blind.  
 Bolton Workshops for the Blind.  
 Burnley and District Society for the Blind.  
 Colne and District Society for the Blind.  
 Fulwood (Preston) Institute for Blind Welfare.  
 Liverpool Cornwallis Street Workshops for the Blind.  
 Manchester Henshaw's Institution for the Blind.  
 Manchester National Library for the Blind.  
 Rochdale and District Blind Welfare Society.  
 Rossendale Society for the Blind.  
 St. Helens and District Workshops for the Blind.  
 Warrington, Widnes and District Workshops for the Blind.  
 Wigan, Leigh and District Workshops for the Blind.



The occupations in which the home workers were employed were as follows:—

Occupation	Men	Women	Total
Piano tuner .....	10	—	10
Machine knitter .....	—	10	10
Braille copyist and proof-reader .....	2	3	5
Tea agent .....	3	—	3
Basket maker .....	2	—	2
Firewood dealer .....	3	—	3
Newsvendor .....	3	—	3
Music teacher .....	2	—	2
Hand knitter .....	—	2	2
Skip maker .....	1	—	1
Boot and shoe repairer .....	1	—	1
Labourer .....	1	—	1
Poultry farmer .....	6	—	6
Nurseryman .....	1	—	1
Battery charger .....	1	—	1
Confectioner .....	1	—	1
TOTAL .....	37	15	52

*Remuneration.*—Money payments were made by the County Council to the approved blind home workers, provided they were not in receipt of National Assistance grants.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

*EMPLOYMENT IN OPEN INDUSTRY.*—The County Council, in consultation with the Ministry of Labour and National Service, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry:—

Occupation	No. employed
Engineering operative .....	23
Labourer (various industries) .....	23
Factory operative .....	20
Telephone switchboard operator .....	10
Dealer: tea, tobacco, newspapers .....	8
Piano tuner .....	7
Storekeeper .....	7
Shorthand-typist .....	5
Skip maker .....	4
Canteen worker .....	3
Gardener .....	3
Minister of religion .....	3
Poultry farmer .....	3
Solicitor .....	3
Domestic worker .....	2
Organiser—National League of the Blind.....	2
Refuse collector .....	2
Masseur .....	1
Music teacher.....	1
Builder (master) .....	1
Boot repairer .....	1
Home teacher of the blind .....	1
School teacher .....	1
Lime and cement merchant .....	1
Physiotherapist .....	1
Plumber (master) .....	1

HOME TEACHERS OF THE BLIND.—The County Council employed 41 home teachers of the blind, whose duties included—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching blind persons wherever practicable to read embossed literature;
- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting the welfare of blind persons;
- (vi) advising blind persons of all available social services;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes.

SOCIAL AND HANDICRAFT CENTRES.—There were 49 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following table shows the districts in which social and handicraft centres have been established:—

Accrington	Eccles	*Oldham
Ashton-in-Makerfield	Failsworth	Ormskirk
Ashton-under-Lyne	Farnworth	Padiham
Atherton	Heywood	Radeliffe
Bacup	Horwich	Ramsbottom (2)
*Barrow-in-Furness	Huyton	*Rochdale
*Blackpool	Ince-in-Makerfield	Royton
*Burnley	Kearsley	*St. Helens
Chadderton	Lancaster	Stretford
Chorley	Leigh	Swinton and Pendlebury
Clitheroe	Litherland	Ulverston
Colne	Middleton	Westhoughton
Crompton	Morecambe	Widnes
Darwen	Mossley	*Wigan (2)
Denton	Nelson	Worsley
Droylsden	Newton-le-Willows	

\* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

WIRELESS TELEGRAPHY (BLIND PERSONS FACILITIES) ACT, 1926.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate issued by or under the authority of the Council of the County, or of the County Borough, in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough, may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmic surgeons acting on behalf of the County Council, the required certificate is issued.

During the year 1951, 429 certificates were issued.

CERTIFICATES OF BLINDNESS FOR THE NATIONAL ASSISTANCE BOARD.—To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, a certificate of blindness, in respect of each of the 558 persons over 16 years of age who were registered as blind during the year 1951, was forwarded to the National Assistance Board.

DISABLED PERSONS (EMPLOYMENT) ACT, 1944.—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register of partially sighted persons resident in the Administrative County area has been established and maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1951 there were 368 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups:—

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1951	4	47	10	18	55	234	368



**Deaf or Dumb Persons.**—THE NATIONAL ASSISTANCE (DEAF AND DUMB PERSONS) SCHEME, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is as follows:—

NATIONAL ASSISTANCE ACT, 1948

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29  
AND 30 FOR PERSONS WHO ARE DEAF OR DUMB

*(As approved by the Minister of Health on the 27th March, 1952)*

The Lancashire County Council in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following Scheme under section 29 of the Act, to be administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947".

CITATION AND INTERPRETATION

1.—(1) This Scheme may be cited as the National Assistance (Deaf and Dumb Persons) Scheme, 1952.

(2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.

(3) In this scheme, the following expressions have the meanings hereby assigned to them—

"handicapped person" means a deaf or dumb person who is in need of assistance under this scheme;

"the Act" means the National Assistance Act, 1948;

"the Council" means the Lancashire County Council;

"the Minister" means the Minister of Health; and

"voluntary organisation" means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of persons who are deaf or dumb.

PART I

GENERAL

2.—(1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.

(2) In the exercise of their functions under this scheme the Council shall have regard to the need for providing services of different descriptions suited to the different descriptions of handicapped persons.

(3) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly or by the employment as their agent of any voluntary organisation.

(4) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.

(5) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

REGISTER

3.—(1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.

(2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused and all cases of doubt shall be referred to the County Medical Officer of Health.

SOCIAL WELFARE

4.—The Council, so far as reasonably necessary to meet the needs of the handicapped persons, shall—

(1) assist handicapped persons to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require;

(2) give advice and guidance to handicapped persons on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;

(3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise; and

(4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, and otherwise to assist in the carrying out of the purposes of this scheme.

5.—In addition, the Council may—

(1) provide practical assistance for handicapped persons in their homes;

(2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;

(3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;

(4) provide, or arrange for the provision of, special religious services for handicapped persons desirous of taking advantage of the same;

(5) provide facilities for, and assistance to, handicapped persons travelling to and from their homes to participate in any of the services provided under this scheme; and

(6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

#### SOCIAL CENTRES AND HOLIDAY HOMES

6.—(1) The Council may provide social centres and holiday homes for the purposes of this scheme.

(2) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.

(3) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.

(4) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

#### WELFARE OFFICERS

7.—(1) For the discharge of the Council's functions under this scheme there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine:

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when—

(a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially Sighted (taken together); or

(b) the number of persons so employed is less than one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

(2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons, but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine—

(a) to ascertain the existence of and the needs of handicapped persons;

(b) to visit handicapped persons in their homes, or elsewhere if necessary;

(c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;

(d) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;



(e) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officer of the Council who may be specially concerned with any one of those disabilities; and

(f) to organise social centres, classes and individual and other recreation facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

(3) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work, possess a broad knowledge of the social services and some experience in the field of welfare, and have an understanding of the problems of deafness and the principles of deaf education.

(4) The Council shall make arrangements with any voluntary organisation or otherwise endeavour to secure that handicapped persons who do not use speech as a normal method of communication are dealt with by persons who are conversant with manual language and other methods of communication alternative to normal speech.

#### TRAINING FACILITIES

8.—If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

#### EMPLOYMENT

9.—The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

#### CHILDREN

10.—If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

#### PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL

11.—If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

### PART II

#### FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS

12.—The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any registered voluntary organisations or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that—

(1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;

(2) the number of Welfare Officers employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme; and

(3) no Welfare Officer (other than a trainee) shall be employed in relation to a handicapped person who does not use speech as a normal method of communication unless that officer is fluent in manual language and other methods of communication as an alternative to normal speech.

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REGISTRATION.—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons.

LOCAL AUTHORITY REPRESENTATION.—Provision has been made for local authority minority representation on the committees of the various agencies of the deaf.

READJUSTMENT OF AREAS.—Arrangements have been made for the retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

FINANCIAL ARRANGEMENTS.—The contributions to the several Deaf and Dumb Societies were, with three exceptions, arrived at on the basis of £3 for each deaf and dumb person over 16 years of age on their registers at the 1st April, 1951, and for new cases added to the register during the course of the financial year 1951-52 a proportionate fraction of £3 payable according to the date of registration. In respect of Societies whose funds were low it was agreed that immediate payments on account at the rate of £3 per case should be made.

For the financial year 1951-52 the County Council made payments to the Deaf and Dumb Societies as follows:—

<i>Deaf and Dumb Society</i>	<i>No. of deaf and dumb persons</i>	<i>Amount payable on the basis of £3 in respect of each deaf and dumb person</i>
		£
Blackpool .....	32	96
Bolton, Leigh and District .....	119	357
North and East Lancashire .....	190	997*
Carlisle (Barrow) .....	17	54*
Liverpool .....	52	156
Manchester .....	176	528
Oldham .....	47	141
Rochdale .....	42	126
Southport .....	15	45
St. Helens .....	32	96
Warrington .....	27	81
Wigan .....	78	429*
	<hr/> 827 <hr/>	<hr/> £3,106 <hr/>

\* The basis of payment to these three Societies was increased to meet additional expenditure.

The amount paid to the North Regional Association for the Deaf for the financial year 1951-52 was £407.

**Handicapped Persons Other Than the Blind, Partially Sighted and Deaf or Dumb.**—THE NATIONAL ASSISTANCE (HANDICAPPED PERSONS) (GENERAL) SCHEME, 1952.—In pursuance of section 34(4) of the National Assistance Act, 1948, the Minister of Health has approved the County Council Scheme for the provision of welfare services for “handicapped persons” as defined in the scheme which is as follows:—

#### NATIONAL ASSISTANCE ACT, 1948

#### SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 FOR HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY SIGHTED AND DEAF OR DUMB

*(As approved by the Minister of Health on the 24th June, 1952)*

The Lancashire County Council, in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act, to be administered by the Health Committee of the County Council in accordance with “The Lancashire County Council Divisional Health Administration Scheme, 1947”.

#### CITATION AND INTERPRETATION

1.—(1) This scheme may be cited as the National Assistance (Handicapped Persons) (General) Scheme, 1952.

(2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.

(3) In this scheme, the following expressions have the meanings hereby assigned to them—

“handicapped person” means a person, not being a person whose only handicap is that he is a blind or partially sighted person or is deaf or dumb, who is substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by regulations made by the Minister and who is in need of assistance under this scheme;

“the Act” means the National Assistance Act, 1948;

“the Council” means the Lancashire County Council;

“the Minister” means the Minister of Health; and

“voluntary organisation” means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of handicapped persons.



## PART I

## GENERAL

2.—(1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.

(2) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organisation.

(3) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that Authority, as may be agreed.

(4) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

(5) The powers conferred on the Council by clauses 6 and 10 of this scheme to provide sheltered workshops and hostels respectively shall be construed as including power for the Council, instead of providing the services, to enter into an agreement with any voluntary organisation which is rendering analogous services to the public for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by the organisation, as may be agreed.

(6) In the last preceding paragraph the expression "any voluntary organisation which is rendering analogous services to the public" shall be construed as including any such voluntary organisation as is mentioned in section 30 (1) of the Act which has for its sole object the promotion of the welfare of the blind, or of the blind and partially sighted.

## REGISTER

3.—(1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.

(2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused, and all cases of doubt shall be referred to the Medical Officer of Health.

(3) In any case in which the Medical Officer of Health is in doubt whether an applicant is a handicapped person, the Council or the Medical Officer of Health, if he is generally or in any particular case or class of case authorised in that behalf, may at the expense of the Council obtain the advice of an appropriate specialist.

## SOCIAL WELFARE

4.—The Council so far as reasonably necessary to meet the needs of handicapped persons shall—

(1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;

(2) give advice and guidance to handicapped persons on personal problems and in connection with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;

(3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise;

(4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and

(5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel-chairs or spinal-chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

5.—In addition, the Council may—

(1) provide practical assistance for handicapped persons in their homes;

(2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;

(3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;

(4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme;

(5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and

(6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

#### WORKSHOP EMPLOYMENT

6.—(1) The Council may provide such sheltered workshops as the Minister may approve in which handicapped persons may be employed in suitable work, or may be trained in pursuance of the Disabled Persons (Employment) Act, 1944.

(2) To the extent which the Minister may approve, the Council may utilise for the purpose of such employment as aforesaid any special workshops which the Council or any other local authority may have provided for the blind.

(3) The Council shall in respect of their employment make such reasonable payments to handicapped persons employed in sheltered workshops pursuant to the provisions of this scheme as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

#### HOME EMPLOYMENT

7.—(1) The Council may, with the approval of the Minister, assist under supervision handicapped persons who are capable of earning at least such reasonable weekly sum as the Council may determine, by the production of saleable goods or the rendering of useful services, to engage in activities to that end in their own homes, or elsewhere other than in sheltered workshops.

(2) The Council shall make such reasonable payments to handicapped persons assisted under this clause, provided they are not in receipt of National Assistance grants, as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

#### HANDICRAFTS, CRAFTS AND OTHER SKILLED ACTIVITIES

8.—(1) The Council may assist handicapped persons, not being persons assisted under clause 6 or clause 7 of this scheme, who are capable and desirous of engaging in any handicraft, craft or other skilled activity, to engage in that activity in their own homes, social centres or in any other place, not being a sheltered workshop.

(2) No payment shall be made by the Council to any person assisted under this clause.

#### MARKETING OF PRODUCE

9.—(1) The Council shall sell or otherwise dispose of all goods produced by handicapped persons assisted under clause 6 of this scheme.

Provided that any goods so produced in sheltered workshops used for the purposes of this scheme under the management of another local authority or a voluntary organisation may be sold or otherwise disposed of by that authority or organisation.

(2) The Council shall help handicapped persons assisted under clause 7 or clause 8 of this scheme to secure orders for their goods or services and to dispose of any saleable goods or other marketable articles produced by them.

#### HOSTELS, SOCIAL CENTRES AND HOLIDAY HOMES

10.—(1) The Council may provide hostels where handicapped persons assisted under clause 6 of this scheme may live.

(2) Any hostel so provided may be used also for the accommodation of other persons who are employed in sheltered workshops provided under any other scheme made by the Council under section 29 of the Act and of other persons to whom arrangements under sub-section (1) of that section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944.

(3) Any hostel provided by the Council under any other such scheme as is mentioned in the last preceding paragraph for the accommodation of such persons as are therein mentioned may also be used for the accommodation of handicapped persons to whom paragraph (1) of this clause relates.

(4) The Council may provide social centres and holiday homes for the purposes of this scheme.

(5) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.

(6) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.



(7) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

#### EMPLOYMENT OTHERWISE THAN IN WORK OR ACTIVITIES PROVIDED DIRECTLY UNDER THIS SCHEME

11.—The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

#### WELFARE OFFICERS

12.—(1) For the discharge of the Council's functions under this scheme (other than the carrying out of arrangements under clauses 6, 7 and 9 (1) thereof, or under clause 9 (2) thereof, except in relation to its operation in respect of persons assisted under clause 8 thereof) there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine.

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when—

(a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially Sighted (taken together); or,

(b) the number of persons so employed is less than one one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

(2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine—

(a) to ascertain the existence of and the needs of handicapped persons;

(b) to visit handicapped persons in their homes, or elsewhere if necessary;

(c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;

(d) to encourage handicapped persons to participate in handicrafts, crafts and other skilled activities, and so far as practicable to instruct them or arrange for them to be instructed in the practice thereof;

(e) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;

(f) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of these disabilities; and

(g) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

(3) To such extent as may be necessary on account of lack of competence on the part of Welfare Officers employed pursuant to paragraph (1) of this clause, the Council shall use their best endeavours to provide the services of persons, whether as volunteers, part-time workers or workers in any other capacity, who are competent to instruct handicapped persons in the activities referred to in paragraph 2 (d) of this clause or any of them.

(4) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work and possess a broad knowledge of the social services and some experience in the field of welfare.

#### TRAINING FACILITIES

13.—If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

#### CHILDREN

14.—If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

## PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL

15.—If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

## PART II

## FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS

16.—The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any voluntary organisation or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that—

(1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;

(2) the number of Welfare Officers, including persons especially engaged to teach handicrafts, employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme.

**Registration of Homes for Disabled and/or Old Persons.**—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the Councils of Counties and County Boroughs of disabled persons' and old persons' homes.

The sections mentioned (except sub-section (1) of section 37) came into operation on the 1st November, 1949.

Sub-section (1) of section 37 which renders liable to penalties any person who carries on a home in respect of which he is not registered did not come into force until the 1st July, 1950. The purpose of the deferment was to enable the managers of existing homes to apply for registration and to afford the registration authority sufficient time for dealing with the applications before the provisions of the sub-section came into effect.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the Divisional Health Committees and 31 such homes were registered at 31st December, 1951. The homes are situated in the following Health Divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D. ....	1
2	Lancaster M.B. ....	1
	Lancaster R.D. ....	1
	Morecambe and Heysham M.B. ....	3
3	Lytham St. Annes M.B. ....	2
4	Fulwood U.D. ....	1
	Preston R.D. ....	1
6	Nelson M.B. ....	1
7	Crosby M.B. ....	3
	Formby U.D. ....	1
	West Lancashire R.D. ....	2
9	Huyton-with-Roby U.D. ....	1
	Widnes M.B. ....	1
10	Warrington R.D. ....	1
11	Leigh M.B. ....	1
	Turton U.D. ....	1
12	Prestwich M.B. ....	1
	Tottington U.D. ....	1
15	Eccles M.B. ....	2
	Swinton and Pendlebury M.B. ....	1
16	Stretford M.B. ....	1
	Urmston U.D. ....	2
17	Ashton-under-Lyne M.B. ....	1
TOTAL—Administrative County .....		31

**War Charities Act, 1940.**—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate Divisional Health Committees and at 31st December, 1951, there were 36 Charities registered.



## RECEPTION CENTRES

In accordance with section 17 of the National Assistance Act (Part II) the County Council provide and maintain on behalf of the National Assistance Board reception centres at Chorley and Lancaster for the provision of temporary board and lodging for persons without a settled way of living, and the expenditure incurred with the approval of the Board is recoverable from the Board.

The numbers of persons accommodated during the year were as follows:—

Lancaster: 4,421 men; 239 women; 3 children;

Chorley: 2,586 men; 252 women; 18 children;

giving an average accommodated per night of 12·8 at Lancaster and 12·7 at Chorley.

Twenty-one men, one woman and two children who were admitted to the reception centres were later transferred to residential or temporary accommodation provided by the Council under Part III of the Act.

The National Assistance Board decided to close the Reception Centre at Chorley on the 31st October, 1951, and the above figures relating to that centre cover a period of ten months only.

## SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—The populous portions of the Administrative County are well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1951 together with the owning authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated:—

### LOCAL WATER SUPPLIES

Urban Districts	Authority owning supply	Source of supply
Abram.....	Liverpool C.B.C.	Rivington reservoir.
Accrington (B.) .....	Accrington District Water Board	Moorland and deep wells.
Adlington .....	Manchester C.B.C.; Blackrod U.D.C.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield .....	Ashton-in-Makerfield U.D.C.; Liverpool C.B.C.;	Upland surface water; Rivington reservoir.
Ashton-under-Lyne (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valley.
Aspull .....	Bolton C.B.C.; Liverpool C.B.C.; Wigan R.D.C.	Upland surface water; Rivington reservoir; deep wells.
Atherton .....	Manchester C.B.C.; Bolton C.B.C.	Thirlmere; upland surface water.
Audenshaw.....	Ashton-under-Lyne, etc., Waterworks Joint Committee; Manchester C.B.C.	Brushes and Greenfield valley; Thirlmere.
Bacup (B.) .....	Bacup M.B.C.	Cowpe and Sheephouse reservoirs.
Barrowford.....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Billinge and Winstanley .....	Billinge and Winstanley U.D.C.; Wigan C.B.C.; Liverpool C.B.C.	Deep wells, disused colliery shafts and quarry workings; Rivington reservoir.
Blackrod .....	Blackrod U.D.C.	Upland surface water and springs.
Brierfield .....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Carnforth .....	Carnforth Water Company	Moorland—reservoir at Withnets.
Chadderton .....	Oldham C.B.C.; Manchester C.B.C.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor; all upland surface water.
Chorley (B.) .....	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Church .....	Accrington District Water Board; Oswaldtwistle U.D.C.	Moorland and deep wells; upland surface water and disused mine workings.
Clayton-le-Moors .....	Accrington District Water Board	Moorland and deep wells.
Clitheroe (B.) .....	Clitheroe M.B.C.	Grindleton Fell.
Colne (B.) .....	Colne M.B.C.	Moorland and springs—Laneshaw reservoir.
Crompton .....	Oldham C.B.C.	Various upland sources.
Crosby (B.).....	Liverpool C.B.C.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness .....	Barrow-in-Furness C.B.C.	Upland gathering grounds on adjacent moor- lands.
Darwen (B.) .....	Darwen M.B.C.; Bolton C.B.C.	Upland surface water.
Denton .....	Manchester C.B.C.	Thirlmere.
Droylsden .....	Manchester C.B.C.	Thirlmere.
Eccles (B.) .....	Manchester C.B.C.	Thirlmere.
Failsworth .....	Oldham C.B.C.; Manchester C.B.C.	Piethorne reservoir; Thirlmere.
Farnworth (B.) .....	Bolton C.B.C.	Upland surface water.
Fleetwood (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood .....	Fulwood U.D.C.; Fylde Water Board	Beacon Fell and Saddle Fell; Grizedale and Stocks valleys.



LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Golborne .....	(a) Ince-in-Makerfield U.D.C.; (b) Newton-le-Willows U.D.C.; (c) Liverpool C.B.C.; (d) Warrington C.B.C.	(a) Deep wells; (b) Deep wells; (c) Rivington reservoir; (d) Deep wells.
Grange .....	Grange U.D.C.	Upland surface water and spring.
Great Harwood .....	Accrington District Water Board	Moorland and deep wells.
Haslingden (B.) .....	Irwell Valley Water Board; Accrington District Water Board	Various upland sources and deep wells.
Haydock .....	Liverpool C.B.C.	Rivington reservoir.
Heywood (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley .....	Liverpool C.B.C.	Rivington reservoir.
Horwich .....	Horwich U.D.C.	Moorland, disused mine shaft and springs.
Huyton-with-Roby .....	Liverpool C.B.C.	Lake Vyrnwy.
Ince-in-Makerfield .....	Ince-in-Makerfield U.D.C.; Liverpool C.B.C.	Deep artesian wells; Rivington reservoir.
Irlam .....	Manchester C.B.C.	Thirlmere.
Kearsley .....	Bolton C.B.C.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham .....	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.) .....	Lancaster M.B.C.; Manchester C.B.C. (emergency only)	Moorland surface water—Upper Wyresdale; Thirlmere.
Lees .....	Oldham C.B.C.	Upland surface water.
Leigh (B.) .....	Liverpool C.B.C.; Manchester C.B.C. (emergency only)	Rivington reservoir; Thirlmere.
Leyland .....	Leyland U.D.C.; Manchester C.B.C.	Boreholes at Clayton-le-Woods; Thirlmere.
Litherland .....	Liverpool C.B.C.	Lake Vyrnwy.
Littleborough.....	Rochdale C.B.C.	Moorland reservoirs.
Little Lever .....	Irwell Valley Water Board	Various upland sources and deep well.
Longridge .....	Preston C.B.C.	Upland surface water.
Lytham St. Annes (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow .....	Rochdale C.B.C.; Oldham C.B.C.	Various upland sources.
Morecambe & Heysham(B.)	Lancaster M.B.C.	Moorland surface water—Upper Wyresdale.
Mossley (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Moorland reservoirs at Swineshaw and Yeoman Hey.
Nelson (B.) .....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Newton-le-Willows .....	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk .....	Ormskirk U.D.C.; Southport and District Water Board	Deep wells.
Orrell .....	Orrell U.D.C.; Wigan C.B.C.	Disused mine shaft and deep wells.
Oswaldtwistle .....	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham .....	Padiham U.D.C.	Moorland surface water—Churn Clough.
Poulton-le-Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot .....	Liverpool C.B.C.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.) .....	(a) Manchester C.B.C.; (b) Heywood and Middleton Water Board; (c) Irwell Valley Water Board	(a) Thirlmere; (b) Ashworth Moor, Knoll Moor and Rooley Moor; (c) Various upland sources and deep well.
Radeliffe (B.) .....	Irwell Valley Water Board; Bolton C.B.C.	Various upland sources and deep well.
Rainford .....	St. Helens C.B.C.	Deep wells.
Ramsbottom .....	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B.) .....	Irwell Valley Water Board; Bacup M.B.C.	Various upland sources and deep well.
Rishton .....	Accrington District Water Board	Moorland and deep wells.
Royton .....	Oldham C.B.C.	Various upland sources.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Skolmersdale .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree .....	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Stretford (B.) .....	Manchester C.B.C.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.) .....	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
Thornton Cleveleys .....	Fylde Water Board	Moorland water—Stocks and Grizedale.
Tottington .....	Irwell Valley Water Board	Various upland sources and deep well.
Trawden .....	Trawden U.D.C.	Springs—Boulsworth Hill.
Turton .....	Bolton C.B.C.; Irwell Valley Water Board	Upland surface water.
Tyldesley .....	Manchester C.B.C.	Thirlmere.
Ulverston .....	Barrow-in-Furness C.B.C.	Upland surface water—Pennington reservoir.
Upholland .....	Upholland U.D.C.	Two deep wells at Tontine and Roby Mill.
Urmston .....	Manchester C.B.C.	Thirlmere and Longdendale.
Walton-le-Dale .....	Manchester C.B.C.; Preston C.B.C.	Thirlmore; upland surface water.
Wardle .....	Rochdale C.B.C.	Moorland reservoirs.
Westhoughton .....	Bolton C.B.C.	Upland surface water.
Whitefield .....	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth .....	Rochdale C.B.C.	Moorland reservoirs.
Widnes (B.) .....	Widnes M.B.C.	Three deep wells in sandstone.
Withnall .....	Liverpool C.B.C.	Withnell reservoir.
Worsley .....	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
RURAL DISTRICTS		
Blackburn .....	(a) Blackburn C.B.C.; (b) Manchester C.B.C.; (c) Darwen M.B.C.; (d) Oswaldtwistle U.D.C.; (e) Mellor Water Company	(a) Brennand; (b) Thirlmere; (c) & (d) upland surface water; (e) boreholes.
Burnley .....	Burnley R.D.C.; Burnley C.B.C.; Nelson M.B.C.; Accrington District Water Board; Padiham U.D.C.	Chiefly upland surface water and springs.
Chorley .....	Manchester C.B.C.	Thirlmere.
Clitheroe .....	Clitheroe R.D.C.; Blackburn C.B.C.; Accrington District Water Board; Clitheroe M.B.C.	Moorland and springs.
Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster .....	(a) Manchester C.B.C.; (b) Lancaster M.B.C.; (c) Fylde Water Board; (d) Carnforth and District Water Company	(a) Thirlmere; (b) Wyresdale Fells; (c) Grizedale and Stocks; (d) Withnets.
Limehurst .....	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.C.	Chew Valley; various upland sources.
Lunesdale .....	Lunesdale R.D.C.; Manchester C.B.C.	Caton and Hornby Castle; Thirlmere.
Preston .....	(a) Preston C.B.C.; (b) Manchester C.B.C.; (c) Fylde Water Board; (d) Fulwood U.D.C.	(a) Langden Valley; (b) Thirlmere; (c) Grizedale and Stocks; (d) Beacon Fell and Saddle Fell.
Ulverston .....	Barrow-in-Furness C.B.C.	Upland surface water—Seathwaite and Pennington.
Warrington .....	(a) Liverpool C.B.C.; (b) Warrington C.B.C.; (c) St. Helens C.B.C.	(a) Rivington reservoir; (b) & (c) deep wells.
West Lancashire .....	(a) Liverpool C.B.C.; (b) Southport and District Water Board; (c) St. Helens C.B.C.; (d) Preston C.B.C.; (e) Ormskirk U.D.C.; (f) Upholland U.D.C.; (g) Wigan R.D.C.; (h) Manchester C.B.C.	(a) Rivington reservoir; (b) to (g) deep wells and upland surface water; (h) Thirlmore.
Whiston .....	(a) Liverpool C.B.C.; (b) St. Helens C.B.C.; (c) Warrington C.B.C.; (d) Widnes M.B.C.	(a) Rivington reservoir; (b), (c) & (d) deep wells.
Wigan .....	(a) Wigan R.D.C.; (b) Liverpool C.B.C.; (c) Blackrod U.D.C.	(a) Deep wells; (b) Rivington reservoir; (c) upland surface water and springs.



**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes:—

*Water supplied from public mains*

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts .....	531,801	1,713,361	141	580
Total Rural Districts .....	78,428	287,703	84	277
Administrative County .....	610,229	2,001,064	225	857

During the year, 499 existing houses were for the first time connected to the public mains supply. These, however, included 135 premises in one district which were converted to dwellings. In addition, 6,975 new houses were connected to the public mains supply during 1951.

The district reports indicate that, generally speaking, the public supplies were satisfactory in quality throughout the year under report, although in one district mention is made of the effect of the disturbance of the gathering ground by open cast mining on the quality of the water. Frequent sampling of piped supplies was undertaken in most districts both of the raw water and of the water going into supply after treatment. As regards districts receiving supplies from outside sources, sampling is usually undertaken by the supplying authority. The quantity of public water supplies was, on the whole, satisfactory throughout the year, very few districts reporting a shortage.

The local authorities appear to have taken appropriate action in all cases where contamination of supplies has been in evidence. Chlorination remained the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability of the water to plumbo-solvent action required such preventive measures as the use of tin-lined service pipes and treatment of the water before going into supply.

The extensions and improvements to water supplies which were carried out in many districts during 1951 were mainly effected to keep pace with housing developments, but in several instances they related to areas, groups of dwellings, or farms previously dependent on private supplies.

**PRIVATE SUPPLIES.**—According to the local reports some 12,000 dwellings housing a population of approximately 37,000, were still dependent upon supplies from wells, springs, etc., at the end of 1951. Of these, rather more than 5,700 with a population of 20,000 were in the rural districts of the County. In certain instances sources of private supply were reported to have been liable to dry up during prolonged dry periods, although this tendency was not nearly so apparent as in earlier years. Frequent chemical and bacteriological examinations of private supplies appear to be carried out in areas where such are to be found and, in several instances during 1951, unsatisfactory results were recorded. In cases where such results indicated anything other than a temporary deterioration of quality, it is apparent that every effort was made by the authorities concerned to provide a link with the public mains or, failing this, an alternative wholesome supply.

**THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.**—This Act extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act, the Minister of Health is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

During the year 1951 eight schemes, involving a capital expenditure of £233,433 were approved by the County Council for submission to the Minister of Health. Of these, five were in respect of the provision or extension of water supplies and three were for works of sewerage and sewage disposal. In connection with one of the latter the Minister of Health made a provisional lump sum grant of £8,000, but his decisions concerning the remainder have not been received.



Seven schemes were approved in 1950 for submission to the Minister. Of these, two had been approved and one deferred by him by the end of that year. In respect of one of the remaining sewerage schemes the Minister approved during 1951 a lump sum grant of £2,250, leaving three schemes for which no decision had been made up to the end of 1951.

Ministerial decision was also still outstanding at the end of the year under report in respect of two schemes submitted in 1948 and one in 1949.

**THE PUBLIC HEALTH ACT, 1936—SECTION 307.**—During 1951 eleven applications for financial assistance under this section were received, involving capital expenditure of £1,966,523. Of these applications one was in respect of water supplies and ten related to works of sewerage and sewage disposal. All were approved for grant in accordance with the County Council formula.

**Drainage and Sewerage.**—According to the district reports, there continued during 1951 considerable activity in connection with the initiation of new, and the extension of existing, drainage and sewerage schemes in many districts. Much of this was, of course, a natural corollary to the housing development, but in addition much was done in the way of improving and re-conditioning existing plants, and the renewal of defective drains and sewers. Work on several new schemes was commenced or continued during the year in several districts, whilst in others sewerage schemes are reported to be in course of preparation or are awaiting approval.

Under the heading of "Water Supply" above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Act, 1944, and section 307 of the Public Health Act, 1936, in connection with works of sewerage and sewage disposal.

Whilst there is still a considerable number of localities or townships in the Administrative County both in urban and rural areas which are without a proper drainage or sewerage system, they are, generally speaking, so isolated or remote as to make the provision of sewers very difficult and costly. This is particularly so in the more scattered rural areas. On the other hand, in many localities whilst connection to the main sewerage system has not, up to the present, been practicable, many properties are connected to septic tanks.

**Rivers and Streams.**—Prior to the 1st April, 1951, there existed a single joint Board known as the Lancashire Rivers Board with powers relative to the prevention of the pollution and obstruction of the rivers, streams and watercourses in the whole of the geographical County of Lancaster excepting the areas comprised within the City of Liverpool and the County Boroughs of Barrow-in-Furness and Bootle. The Board was constituted under the provisions of the Lancashire County Council (Rivers Board and General Powers) Act, 1938, and consisted of representatives of the County Councils of the Counties of Lancaster, Chester and Derby and the Councils of several County Boroughs.

In 1950, however, under powers conferred by the River Boards Act, 1948, the Minister of Health and the Minister of Agriculture and Fisheries made the Lancashire River Board Order, 1950, and the Mersey River Board Order, 1950, which respectively provided for the setting up, as from the 1st April, 1951, of the Lancashire River Board and the Mersey River Board. From that date they took over from the existing bodies the functions of land drainage, river pollution prevention and fisheries, the Lancashire River Board having jurisdiction, so far as the Administrative County is concerned, over the area of the former Catchment Boards of the River Crossens, the River Douglas, the River Lune, the North Lonsdale rivers and the River Wyre, and the Mersey River Board controlling the former Catchment Areas of the River Alt, the South Lancashire rivers, the Mersey and Irwell, and the North-east Cheshire rivers.

With several minor exceptions, the former area corresponds to Health Divisions Nos. 1, 2, 3, 4, 5 and 6, together with the northern halves of Divisions Nos. 7 and 8, and the latter to Health Divisions Nos. 9 to 17, together with the southern halves of Health Divisions Nos. 7 and 8.

The Lancashire River Board has a membership of 40 appointed as follows: Ministers of Agriculture and of Local Government and Planning, 1; Drainage and Fishery Interests, 13; Lancashire County Council, 11; County Councils of the West Riding of Yorkshire and Westmorland, 1 each; County Boroughs, 13.

The membership of the Mersey River Board is also 40, appointed as follows: Ministers of Agriculture and of Local Government and Planning, 1; Drainage and Fishery Interests, 13; Lancashire County Council, 6; Cheshire County Council, 2; County Councils of Derby and West Riding of Yorkshire, 1; County Boroughs, 17.

The co-operation of local sanitary authorities with the original Board was at all times extremely good and a perusal of the reports by local medical officers of health for the year 1951 shows that this gratifying liaison was continued after the formation of the new Boards. References are made in 56 district reports to the pollution of rivers and streams and to the action taken. Normally, if the matter could be settled locally, this procedure was adopted by the local authority but any serious complaints were referred to the appropriate River Board. Many other local authorities, although experiencing no pollution of the watercourses within their boundaries during the year, report the co-operation of their officers with the inspectors of the appropriate Board in maintaining regular inspection.

**THE RIVERS (PREVENTION OF POLLUTION) ACT, 1951.**—This Act came into operation on the 1st October, 1951, in all areas then included in river board areas and in certain "excluded areas". As already indicated in the preceding paragraphs, the Administrative County area came within the former category. In such areas the powers of the new Act were to be exercised, as from the date of operation, almost exclusively by the river boards.



In the Administrative County, therefore, the Lancashire River Board and the Mersey River Board were vested with the powers to deal with the pollution of any non-tidal waters that flow or communicate with flowing water and any tidal waters which had been declared to be streams under the Rivers Pollution Prevention Act, 1876. Pollution of other waters, such as lakes or ponds which do not discharge to streams, can still be dealt with by the town or district council of the area concerned under the nuisance provisions of the Public Health Acts.

The Act provides the responsible authorities with all the powers which are at present considered necessary for dealing with problems of river pollution. At the same time persons who discharge effluents to streams will know, in course of time, as precisely as is possible the conditions to which they should conform. The provisions covering these matters are the most important features of the Act and success or failure in preventing pollution will depend largely on the manner in which they are administered. The following is a summary of the main provisions:—

(a) It is an offence under section 2 of the Act to cause or permit polluting matter to enter a stream; or to cause or permit matter not in itself polluting to enter a stream if this should tend (either directly or in combination with other similar acts) to impede the flow of the stream to such an extent as to lead or be likely to lead to substantial aggravation of pollution due to other causes. There are special provisions regarding matter discharged through public sewers and wastes from mines.

(b) It is an offence under section 4, without the consent of the river board, to get rid of matter held up by an artificial obstruction by causing it to be carried away in suspension, or to leave substantial quantities of cut or uprooted vegetation in a stream. Any question whether consent has been unreasonably withheld is to be determined by the Minister of Housing and Local Government.

(c) If pollution is apprehended, a river board may apply to the county court for an order under section 3 to prevent or regulate certain uses of the stream or of land or of vessels that may cause pollution.

(d) Section 5 (1) empowers the river board to make byelaws to deal with the washing of things in the stream, with the deposit of litter and other objectionable matter and with sanitary appliances on vessels that may discharge polluting matter into streams; and to prescribe standards with which effluents will have to conform. Where such standards have been prescribed they will determine when matter is to be treated as poisonous, noxious or polluting for the purposes of the Act. They may also deal with the temperature of discharges and with effluents that discolour the stream, matters which, in themselves, may not necessarily be polluting. The Act provides, too, for standards to have regard to the relationship between the volume and rate of flow of the stream and the volume and rate of discharge of the effluent.

(e) Section 7 enables the river board to impose restrictions on new outlets and new discharges. These powers are an important check on the aggravation of existing pollution or the initial pollution of streams previously free. At the same time the Minister believes that they can be exercised in such a way as will achieve these objects without causing unnecessary interference with industry or with local authorities carrying out their statutory functions of sewerage and sewage disposal.

Through this legislation, barely outlined above, it is intended that there will be provided, for the first time, for local authorities, industry and traders a clear-cut and well-defined procedure which will indicate, with no possibility of misunderstanding, the conditions which must be satisfied when effluents are discharged into streams.

**Closet Accommodation.**—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1951 as compiled from the local health reports. The number of *houses* on the water carriage system is approximately 580,200.

*Closet Accommodation at end of 1951*

	Urban districts	Rural districts	Administrative County
Privy middens.....	2,981	6,566	9,547
Privy closets .....	3,911	8,207	12,118
Pail closets .....	10,909	10,761	21,670
Fresh-water closets .....	518,315	64,975	583,290
Waste-water closets .....	65,975	3,584	69,559
Dry ashpits (excluding middens) .....	5,418	863	6,281
Movable ashbins .....	557,614	73,090	630,704

A summary of the action taken in the County districts during 1951 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets.....	155	152	307
Privy closets to pail closets .....	34	9	43
Pail closets to fresh-water closets .....	478	177	655
Waste-water closets to fresh-water closets .....	1,576	25	1,601

In addition to the above, conversion of trough closets, of which there are still nearly 1,000 in the County area, was continued, a total of 64 being converted to fresh-water closets during the year. At nearly 800 premises, movable ashbins were substituted for fixed receptacles.

Whilst the rate of conversion to fresh-water closets in the County area as a whole continued to show improvement there was a marked decline in the rural areas as compared with the rate for the previous year.

Unfortunately, the effect of this important work on the public health cannot be traced in any dramatic decline of morbidity or mortality. Like most environmental factors, its effect is steady and cumulative, combining indistinguishably with the effects of other similar factors in the continuous process of promoting those conditions most conducive to the maintenance of the health of the community.

Despite the difficult conditions of the war and post-war years, progress in this field has been far from negligible. A comparison of the figures available for the Administrative County in 1938 with those quoted above shows a decline during the period of 38 per cent. in the number of privy middens, of 41 per cent. in privy closets, of 10 per cent. in pail closets and of 13 per cent. in the number of waste-water closets. At the same time the number of dry ashpits (excluding middens) declined by no less than 67 per cent.

**Sanitary Inspection.**—The following table gives the numbers of premises visited during 1951 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. Legal proceedings were instituted in 161 cases with the following results—in 147 cases abatement orders were made; proceedings were withdrawn on abatement in two cases and a further five cases were heard in court and costs were ordered to be paid by each defendant, the necessary abatement work having by that time been completed. The remaining seven cases were dismissed.

*Sanitary Inspections during 1951*

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts .....	237,345	69,468	59,425	27,921	4,560
Rural districts .....	29,406	5,253	4,420	2,548	285
Administrative County .....	266,751	74,721	63,845	30,469	4,845

**Prevention of Atmospheric Pollution.**—Control over atmospheric pollution is effected by both County Council and County District Council. As Planning Authority under the Town and Country Planning Act, 1947, the County Council have fairly extensive powers but in practice, owing largely to the substantial expenditure involved, these are normally limited to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes.

The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture. County District Councils, however, as sanitary authorities, have the power to take proceedings where a nuisance is caused by smoke and to make byelaws relating to the emission of smoke of such colour, density or condition as may be prescribed by such byelaws.

Whilst, therefore, the powers of the County Council are an effective supplement to those of the local sanitary authorities under the Public Health Act, 1936, the control of existing nuisances must largely remain the function of the latter authorities many of whom have, with advantage, adopted byelaws prescribing certain definite limits beyond which the emission of smoke constitutes a nuisance.

At the end of 1951 there were, according to local reports, some 2,600 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force such limit varied from two to six minutes in the half-hour to two to 10 minutes in the hour. In all, 2,162 observations were taken, an increase of 268 over the previous year. The necessity for industrial concerns periodically to use inferior or unsuitable qualities of fuel has greatly increased the difficulties of local authorities in the suppression of nuisances but, at the same time, it has served in some instances to impress upon managements the importance of utilising more efficient plants and fuelling procedures.

Co-operation between health officials and managements of firms continued to be good generally. At Eccles M.B. statutory notices were served in three instances under section 103 of the Public Health Act, 1936, but no legal proceedings were found necessary throughout the County area. Measures directed towards the prevention of atmospheric pollution included the attendance of firemen at classes on boiler-house practice, personal advice to stokers and boilermen, and interviews with works managers which often resulted, as indicated above, in improvements to existing plant or the installation of up-to-date plant.



A burning colliery spoil heap is not a smoke nuisance as defined by the Public Health Act, but can be dealt with summarily by the local authority as a 'statutory nuisance' under the Act as extended by the Public Health (Coal Mine Refuse) Act, 1939. Whilst the local authority are advised by their own officers in such cases, the Alkali Inspectors of the Ministry of Health are available if required and consultation with them does in fact take place to a considerable extent. Action with regard to burning spoil banks during the year is reported in 10 County districts.

**Movable Dwellings and Camping Sites.**—During the early part of 1951 the County Sanitary Officers undertook a survey of the position with regard to tents, vans and sheds and similar structures within the Administrative County area. The results of their inspections and enquiries are summarised below, but it is perhaps not inappropriate here to refer briefly to the legislation, both national and local, designed to effect control over these structures.

**LEGISLATION.**—The control of tents, vans, sheds and similar structures used for human habitation is an important duty of local authorities, and so long ago as 1885 the Housing of the Working Classes Act empowered local authorities to deal with certain nuisances in connection with this type of dwelling and to make byelaws for their control.

There is a dual control over movable dwellings and camping sites. Public health legislation deals with sanitary control whilst the Town and Country Planning Acts are concerned chiefly with amenities. Local Sanitary Authorities administer the public health provisions and the County Council, through the Planning and Development Committee, are responsible for the protection of amenities.

**Public Health Provisions.**—At the present time the use of these structures is controlled by the provisions of sections 268 and 269 of the Public Health Act, 1936. The former section empowers local authorities to make byelaws for promoting cleanliness and the habitable conditions of tents, vans, sheds and similar structures used for human habitation and for preventing the spread of infectious disease. At the time of the survey 13 local authorities exercised control over sites by the adoption of such byelaws. Section 269 empowers a local authority to grant licences (i) to allow land to be used as sites for movable dwellings, and (ii) to authorise persons to erect or station and use such dwellings within the district. They may attach to any such licence such conditions as they think fit—

(a) in the case of a licence authorising the use of land, with respect to the number and classes of movable dwellings which may be kept thereon at the same time and the space to be kept free between any two such dwellings, with respect to water supply, and for securing sanitary conditions;

(b) in the case of a licence authorising the use of a movable dwelling, with respect to the use of that dwelling (including the space to be kept free between it and any other such dwelling) and its removal at the end of a specified period, and for securing sanitary conditions.

Local authorities may therefore grant licences of two kinds (a) for the use of the land and (b) for the use of the individual structures, but it does not appear to be necessary to grant both classes of licence for the same site. Control was exercised in 37 County districts at the time of the survey by the attachment of conditions to licences.

Local authorities having their own local Acts in which provision is made to control this class of dwelling numbered eight.

It may be appropriate to mention here that section 269 of the Public Health Act, 1936, defines a movable dwelling as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

Provision for the control of the erection of dwellings built of short-lived materials and not intended to be mobile, is contained in section 53 of the Public Health Act, 1936, and the local authorities' building byelaws. It is, however, sometimes extremely difficult to decide when a once movable dwelling becomes a structure which may be controlled by the building byelaws.

The Public Health Act of 1936 provides that land may not be used for camping purposes, nor may a movable dwelling be kept on any land for more than forty-two consecutive days or more than sixty days in any twelve consecutive months without a licence from the local authority. This waiting period is apparently designed to protect the genuine mobile holiday caravanner, but it also unfortunately gives protection to others who may not be desirable as residents, if only temporarily, in certain neighbourhoods. If a caravan is removed from a site and returned to the same site or to land within 100 yards of the same site within forty-eight hours it is considered not to have been removed at all.

Under the Housing Act, 1936, a local authority may include in a clearance area any hut, tent, caravan or other temporary or movable form of shelter used for human habitation.

**SURVEY BY COUNTY SANITARY OFFICERS.**—The description "tents, vans, sheds and similar structures" includes a wide range of dwellings, varying from the luxurious modern caravan to the unsightly "shack" with a miscellaneous assortment of extensions of bad design, in various stages of disrepair. These "shacks" may originally have been mobile, but having been in one position for many years, and having had extensions made thereto, become permanent structures.

With the advent in recent years of the motor trailer caravan, used at week-ends and holidays, the necessity for the provision of suitable sites with reasonable amenities has increased considerably. The sites used vary quite as much as the dwellings. Individual sites containing one or two caravans may be situated in isolated positions, whilst on the other hand there are large sites provided with properly constructed roads, sewerage, public water supply and electricity. Between these categories the sites and sanitary circumstances differ considerably.

The following summary gives an outline of the position in the Administrative County with regard to numbers of licensed and unlicensed sites and individual caravans and the methods of dealing with some of the sanitary matters in connection with caravans. The term "site" in this instance is deemed to mean an area of land occupied by two or more caravans.

Number of local authorities having licensed camping sites	.....	.....	.....	17
Number of sites licensed	.....	.....	.....	78
*Number of unlicensed sites	.....	.....	.....	82
Number of local authorities whose licences for sites or individual caravans were granted for—				
(i) period of under one year	.....	.....	.....	4
(ii) period of one year and upwards	.....	.....	.....	26
(iii) an indefinite period	.....	.....	.....	4
Number of licensed sites at which communal sanitary accommodation was available				
	.....	.....	.....	46
Number of sites where removal of refuse was undertaken by—				
(i) Local authority	.....	.....	.....	131
(ii) Private arrangements	.....	.....	.....	24
(iii) No proper arrangements	.....	.....	.....	5
Number of caravans separately situated—				
Licensed	.....	.....	.....	56
Unlicensed	.....	.....	.....	227
				283
Total number of caravans at time of survey	.....	.....	.....	2,824

\* Includes some sites on which the caravans are licensed individually.

The following table indicates the location of sites and the distribution of caravans within the Administrative County area:—

Location	Sites		Individual caravans		No. of caravans at time of survey
	Licensed	Unlicensed	Licensed	Unlicensed	
Furness area	7	—	1	2	62
Northern area	35	10	1	4	913
Fylde area	23	27	12	18	1,145
Central area	1	17	23	183	436
South-west area	12	9	8	13	187
South-east area	—	19	11	7	81
TOTAL	78	82	56	227	2,824

Sites which are used by certain organisations, e.g., Caravan Club, Boy Scouts, etc., are exempted from the licensing provisions of the Public Health Act, 1936, and are, therefore, not included in the above.

In the greater part of the Administrative County the problems may be classified under six headings, viz.:—

(i) Single caravans often with additional structures of short-lived materials, situated on open spaces adjacent to domestic or other buildings, and occupied by one or more persons as permanent dwellings.

(ii) Single caravans or structures, or groups of three to six, situated in rural areas and, with few exceptions, used only at week-ends and holidays.



(iii) Sites containing up to approximately a hundred part-mobile and part-immobile caravans or structures with any number of these permanently occupied.

(iv) Large sites containing about one hundred and fifty caravans on wheels temporarily stationed on site for summer months only.

(v) Sites occupied regularly during part of the winter months by showmen's caravans, and in a few instances by hawkers and market men.

(vi) The gipsy caravan is fairly frequently met with, usually travelling through the districts.

Large sites are generally dealt with by the local authorities by licensing and imposing appropriate sanitary conditions.

The sites which are occupied semi-permanently by bona-fide showmen are few in number, and mostly of long-standing local custom. Notwithstanding that these are exempted by the various Acts relating to caravans, etc., some of the sites are paved and drained, and provided with water supply and sanitary conveniences in a reasonably accessible position.

Conditions of sites used for caravans and temporary structures vary considerably from one district to another. In some instances local authorities have insisted on the making up of roads, water closet accommodation connected to the public sewers, and a public water supply. In other districts there is no paving of roads, pail or chemical closets are used, and water from private supplies is being used. The location of public sewers and the mains water supplies is, of course, the predominating factor in these respects.

*Conclusions.*—The majority of districts within the Administrative County area are concerned with the control of caravans and movable dwellings, particularly in coastal areas and places of natural beauty. The survey has shown that much work has been carried out by local authorities in the control of such dwellings and sites. The methods of control vary according to the circumstances of the several county districts.

Under some circumstances certain local authorities insist on a public mains water supply, properly constructed roads, communal water closets, washing facilities and satisfactory means of disposal of slop water connected to a public sewer. In other cases the provision of chemical or pail closets is accepted. Many local authorities include caravan sites in the normal district refuse collection and disposal service.

It will be appreciated that the large caravan sites entail a considerable increase in the public health responsibility of local sanitary authorities, and the present tendency for the permanent occupation of temporary dwellings due to the acute housing shortage has further aggravated the difficulty, whilst generally the small isolated sites present comparatively little cause for concern.

LANCASHIRE COUNTY COUNCIL (GENERAL POWERS) ACT, 1951.—So far as the Administrative County area is concerned, legislation hitherto in force relative to movable dwellings and camping sites was extended during 1951 by Part IV of the above Act which received the Royal Assent on the 1st August, 1951. The provisions of this part of the Act enable a local authority in the Administrative County to apply to a Court of Summary Jurisdiction for an Order prohibiting movable dwellings (with certain exceptions) where they consider—

(i) that the amenities of any part of their district are prejudicially affected by the presence of or conditions arising from any such dwellings in their district; or

(ii) that annoyance is caused to the residents and visitors to any part of their district by reason of the noisy, indecent or other offensive conduct of the occupiers or persons frequenting any such dwellings in their district.

The Act prohibits any movable dwelling being placed upon any square, court, alley or passage to which the public have access, unless with the written consent of the local authority, and also provides for a local authority to make byelaws (subject to confirmation by the Minister of Local Government and Planning) with respect to any camping grounds (with certain exceptions) within their district—

(i) for preventing the amenities of their district being prejudicially affected by the state or condition of any such camping ground;

(ii) for securing the good and orderly conduct of persons frequenting any such camping ground and of the occupiers of the movable dwellings situate thereon;

(iii) for preventing annoyance to the residents in or visitors to their district by the conduct of the occupiers of or persons frequenting movable dwellings situate on any such camping ground.

Furthermore, a movable dwelling upon land abutting upon a street in the County is by section 18 (1) of the Act deemed to be a house or building within the meaning of these words where they occur in the Public Health (Buildings in Streets) Act, 1888.

ACTION TAKEN BY LOCAL AUTHORITIES.—Reference is made in the local reports of 42 districts in the Administrative County to the use of sites for camping purposes during 1951, but certain of these sites were used mainly for short periods, such as week-ends. In no district was the number of campers at any one time during the summer season estimated to be more than 2,000.



During the year licences issued by the local authorities under section 269 of the Public Health Act, 1936, numbered 73 in respect of sites and 696 in respect of individual movable dwellings. Successful prosecutions were undertaken at Middleton M.B. (under Part IV of the Lancashire County Council (General Powers) Act, 1951), Poulton-le-Fylde U.D., Thornton Cleveleys U.D. and Westhoughton U.D., but in the majority of districts formal or informal notices were sufficient to ensure compliance with the law.

**Swimming Baths and Pools.**—Public swimming baths are available in 32 of the County districts and privately owned swimming baths or pools, open to the public, exist in three districts. In nearly all instances filtration and chlorination plants are installed and regular samples of water are taken and submitted for bacteriological examination. The public swimming baths in two districts are stated to be old and totally inadequate. Consent to the commencement of work on the erection of new baths in one of these districts has been withheld by the Minister of Health.

**Disinfestation.**—From information supplied by local medical officers of health it would appear that during 1951 some 364 council houses and 1,220 other houses were found to be infested, a reduction of 66 and 260 respectively as compared with the figures for the previous year. No infestation was discovered in 19 County districts.

The methods of disinfestation varied considerably. Fumigation by means of hydrogen cyanide gas was used to some extent, particularly in cases of bad infestation. Other methods employed included fumigation by sulphur candles and spraying with various liquid insecticides and special germicidal preparations. The use of D.D.T. in both liquid and powder form has increased year by year since its commercial preparation began, and is now widespread. Generally speaking, all methods are reported to be efficient.

To ensure that the belongings of tenants were free from vermin before removal to council houses, the local health officials in most instances made thorough examinations of the houses and belongings of tenants, and, in cases where infestation was in evidence, the houses, furniture, bedding, clothing, etc., were suitably disinfested.

Disinfestation entailing the use of hydrogen cyanide gas was invariably carried out by contractors employed by the local authorities, but fumigations with sulphur, spraying with insecticides and treatment of clothing and bedding by steam were usually undertaken by the local authorities' staffs.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, the health officers of many districts made periodic inspections and gave personal advice to the tenants. In a few districts, free issues of insecticides were made.

**Prevention of Damage by Pests Act, 1949.**—This Act, which repealed the Rats and Mice (Destruction) Act, 1919, came into force on the 31st March, 1950. Whereas under the earlier legislation the powers relating to the control of rats and mice were vested in County Councils with the right to delegate to Borough and District Councils willing to perform the duties, such powers are now directly vested in the local sanitary authorities, upon whom rests the main obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

Of 85 local authorities whose medical officer of health reported action under the Act during 1951, none found legal action to be necessary and only one required the service of formal notices. Almost all of the considerable amount of work which was undertaken was conducted informally with the ready co-operation of the owners or occupiers of the infested property. In many districts a free service was provided for householders and a charge was made for work on business premises. Continuous inspections of likely places of infestation, particularly sewers, is reported from all districts and routine treatment of sewers was usually carried out at half-yearly intervals.

**Premises and Occupations which can be controlled by Byelaws or Regulations.**—**OFFENSIVE TRADES.**—Offensive trades were reported in 50 County districts, the premises numbering 149. These were chiefly tripe boilers, gut scrapers, tanners or leather dressers, fat melters, soap boilers, glue manufacturers and rag-and-bone dealers, but also included 27 fish friers in three districts where this occupation is, according to byelaws, an offensive trade. All premises were reported to have been inspected periodically and conditions were generally satisfactory.

**RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.**—Under this Act, which came into operation on the 1st November, 1951, premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.



At the end of 1951 there were reported to be 75 registered premises in the County area and the number of licensed premises was 24, of which four were used for the manufacture and storage of rag flock and 20 for its storage only. Inspections of these premises numbered 207 and a further 56 inspections were made of other premises to ascertain whether or not they came under the provisions of the Act. Two samples of rag flock and one of "Kurliwire" were taken for examination and each was found to be satisfactory.

FACTORIES ACT, 1937.—The following tables provide a summary of the action taken during 1951 in all County Districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

### PART I OF THE ACT

#### 1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factorios in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities .....	2,250	2,592	89	1
(ii) Factorios not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority .....	8,993	7,772	323	—
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises) .....	308	570	22	—
TOTAL .....	11,551	10,934	434	1

\* i.e., Electrical Stations, Institutions, and sites of Building operations and Works of Engineering Construction.

#### 2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) .....	286	265	—	43	1
Overcrowding (S.2) .....	2	1	—	—	—
Unreasonable temperature (S.3) .....	1	1	—	1	—
Inadequate ventilation (S.4) .....	42	38	1	2	—
Ineffective drainage of floors (S.6) .....	40	33	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient .....	105	99	—	38	—
(b) unsuitable or defective .....	535	380	2	132	—
(c) not separate for sexes .....	16	11	—	8	—
Other offences against the Act (not including offences relating to Outwork) .....	72	57	3	12	—
TOTAL .....	1,099	885	6	236	1

### PART VIII OF THE ACT OUTWORK (Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	800	—	—	—	—	—
Umbrellas, etc. ....	2	—	—	—	—	—
Nets, other than wire nets .....	30	—	—	—	—	—
Paper bags .....	3	—	—	—	—	—
Brush making .....	3	—	—	—	—	—
Stuffed toys .....	64	—	—	—	—	—
Basket making .....	3	—	—	—	—	—
Textile weaving .....	8	—	—	—	—	—
TOTAL .....	913	—	—	—	—	—

**COMMON LODGING HOUSES.**—According to local reports there were, at the end of 1951, 24 common lodging houses on the registers of 16 districts in the Administrative County. The condition of three of these was reported upon adversely.

**HOUSES LET IN LODGINGS.**—Reference to this class of accommodation is made in 13 district reports, nearly 2,100 being registered by the District Councils concerned. However, in view of the present shortage of houses it is probable that dwellings falling within this category exist in many other districts. Complete housing surveys of all districts would be required to assess their number throughout the County area.

**UNDERGROUND SLEEPING ROOMS.**—No action is recorded in the local reports with regard to this type of accommodation.

**CANAL BOATS.**—Inspections of canal boats, 48 in number, are reported in six districts; no infringements of legislation were noted.

**Inspection of County Districts.**—In continuation of the policy of undertaking from time to time sanitary surveys of the districts in the Administrative County, special reports on three districts surveyed by the County Sanitary Officers were submitted to the Public Health and Housing Committee during 1951. A résumé of the main conclusions arrived at and the principal recommendations made in respect of each district so inspected is given below:—

**LEIGH MUNICIPAL BOROUGH.**—The Borough of Leigh, which received the charter of incorporation in 1899, is a busy industrial area and market town situated at the south-eastern extremity of the Lancashire plain. Its boundaries are joined in the north by the urban districts of Westhoughton and Atherton; in the east by the urban district of Tyldesley; in the south by the Irlam and Golborne urban districts; and in the west by the urban districts of Abram and Hindley.

The principal industries are coal mining, cotton spinning and weaving, electric cable manufacture, rope making, rayon weaving, sheet metal working, agricultural and general engineering, dairy farming and market gardening on the mossland at the south-eastern part of the Borough.

In common with other districts in which coal mining is carried on extensively, the town of Leigh suffers all the disadvantages due to subsidence, which at present appears to be the inevitable consequence of such underground activities. Fortunately, however, the unmistakable disfiguring appearance often associated with mining operations on an extensive scale is by no means evident to the casual observer.

The Leigh Corporation have carried out many sanitary improvements in the district during the past 50 years, and much good work has been done in recent years in all sections of environmental hygiene.

The Corporation is the statutory undertaker for the supply of water to the Borough, and under present arrangements obtain a supply of water in bulk from the Rivington supply of the Liverpool Corporation. In addition they have facilities for obtaining water from the Thirlmere supply of the Manchester Corporation.

The estimated number of houses with private water supplies is 11, and these are situated at considerable distances from the town's water mains. Sources of supply to some of these premises were inspected and were found to be constructed satisfactorily. Progress is being made in supplying some of these isolated premises from the town's water mains with the co-operation of the Ministry of Agriculture and Fisheries in relation to those connected with agriculture.

The Borough is provided with a combined system of sewerage which serves the greater part of the built-up portions of the area. There are, however, a number of premises in the Borough which, owing to their isolated positions, are not served with sewers.

The sewers discharge to the disposal works of the Leigh and Atherton Joint Sewerage Board situated within the Borough. The sewage treatment plant and installations cover an area of about 10 acres. Following the extensive development of the land situated to the south of the Bridgewater Canal and the Leigh Branch Railway line as modern residential areas, the present site of the sewage works and farm is no longer as desirably remote from occupied houses as was the case when it was first established. As a precaution against nuisance from unpleasant odours arising from the works to the detriment of the householders in the vicinity, arrangements are in force by which the main outfall into the works is chlorinated by automatic means.

More than 97 per cent. of the closet accommodation in the Borough consists of modern water closets. Good progress has been made in the abolition of waste water closets during recent years and of privy midden closets during the past 30 years. Although there has been an increase in the number of pail closets during this period this would appear to be justified as it is due to the substitution of pails for privy middens in the semi-rural parts of the Borough in which sewers are not available. By this means excremental matter may be removed more frequently, thereby effecting an improvement in the sanitary conditions of the premises concerned.



House refuse is collected weekly by means of seven modern refuse collection motor vehicles. An unusual feature of this service is that after being emptied into the collection vehicle the internal surface of each dustbin is sprayed with a 1 per cent. D.D.T. solution. House refuse and some categories of trade refuse are disposed of by tipping at the Pennington Flash tip, the method of tipping approximating to that recommended by the Ministry of Local Government and Planning in all respects except that of tipping into water.

The remaining grades of refuse from the market and trade premises and animal carcasses are incinerated at the refuse destructor in the Town's Yard. The destructor is an old-fashioned 4-cell type and only two cells remain in a usable condition. The cell used for the destruction of infected animal carcasses is most unsatisfactorily sited.

The collection of waste food in the Borough is organised on a well-considered system, which provides for the regular washing, cleansing and disinfection of the storage bins. After cleansing the interior surface of the bins, the lids are smeared with a deodorant to neutralise the unpleasant smells which are associated with any collection of waste foodstuffs. The bins are also sprayed internally and externally, including the surface of the site occupied by the bin to a distance of about 6 feet around with a 2 per cent. solution of D.D.T.

Approximately a quarter of the houses in the Borough are of modern design, built and owned by the Corporation. Of the remainder about one-half are of the type built during the years preceding the first world war. The remaining houses are probably between 60 and 100 years old, many of them being built in rectangular blocks and sharing the space thus enclosed as common yards.

The prevailing defects in the older houses are dampness and disrepair, and many of the oldest group of houses are also badly arranged and congested, with additional adverse features such as lack of air space, and are dark and generally below the standard of housing accommodation in the district. Comparatively few of the older cottage houses are provided with hot-water installations, baths or internal conveniences, and a number are without a separate yard exclusive to the use of one house.

Up to the end of 1950 the Corporation had erected 3,750 new dwellings, of which 709 houses and 116 flats were built by direct labour. In addition new housing schemes are in progress at three sites.

The latest means devised to measure the pollution of the atmosphere due to smoke emissions have been put into operation.

The distribution of milk in the town is provided by 105 registered retail purveyors of milk and the greater proportion of the milk sold in the town is reported to be heat-treated. There are no licensed heat-treatment plants in the Borough. A regular routine of sampling of milk is carried out by the sanitary inspectors.

The implementation of the new clean food byelaws—a task of considerable dimensions—has been well begun although much work still remains to be done. The Borough Council have a particularly onerous responsibility in providing for the inspection of meat at the two group slaughter-houses situated in the town. One of the first essentials in the interests of the public health in this work is that the viscera and carcase of every animal slaughtered for human food should be inspected at the time of slaughter. This would require the whole-time attendance of a meat inspector at each of the slaughter-houses when the slaughtering is taking place. Consequently, the strain on the numerical strength of the sanitary inspectors' section of the Public Health Department is such that other essential duties must be neglected if the inspection of meat is to be carried out efficiently.

*Principal Recommendations.*—It is suggested that the Borough Council should:—

(a) consider arrangements for a more frequent routine of sanitary inspection of the Borough and for the inspection of all carcasses at the time of slaughter with the provision of such additional staff as this may require;

(b) continue the work of providing piped water supplies to the dwelling-houses now supplied from private sources;

(c) consider the practicability of increasing the present rate of the conversion of waste water closets to modern water closets;

(d) give consideration to the improvements necessary at the refuse and carcase destructor and at the refuse disposal tip at Pennington Flash;

(e) continue the work of clearing and reconditioning insanitary houses as this becomes practicable;

(f) continue the improvement in the hygienic standard of premises used for the preparation, storage and sale of food.

**TRAWDEN URBAN DISTRICT.**—Trawden is situated on the easterly side of the County and is roughly triangular in shape. The district is bounded on the north by the Borough of Colne, on the west by the Borough of Nelson and the Burnley Rural District, and on the east and south the district adjoins the West Riding of Yorkshire.

The district is partly urban and partly rural in character. The chief industry in the urban areas is cotton weaving, with dairy, sheep and poultry farming in the rural parts of the district.

Since the 1931 Census the population of the district has decreased by 389 and the total number of houses has increased by 29.

The Urban District Council have their own water undertaking. A palatable and soft water is obtained from springs and a bore hole on Boulsworth Hill where protected headings are driven into the hillside. Regular sampling of the supply has not been carried out by the local authority, and the records show that only a few chemical and bacteriological samples have been submitted for examination during the past ten years. Samples were, however, obtained at the time of the survey and submitted for bacteriological and chemical examination and the reports indicate that the quality of the supply is satisfactory. In very dry weather, however, the supply is said to be insufficient.

There are 51 private supplies in the district and these serve 91 houses. In most instances the conditions are unsatisfactory, the supplies being open to pollution. There are no records of samples taken from these supplies.

The more urban part of the district is sewered on the combined system, although 48 houses built by the local authority are drained on the separate system. The sewers of the Urban District discharge by gravity into the sewers of Colne Borough at Cotton Tree near the boundary of the two authorities. Here the sewage is metered and recorded, and is afterwards treated at the Colne Corporation sewage disposal works. The junction of the sewers of the two authorities adjoins the Trawden Brook, and when visits have been made to this point, even at times of dry weather, crude sewage from the Trawden sewers was being allowed to enter the brook and cause pollution. Tests carried out prove that the drainage arrangements of the houses in the Stunstead area are not satisfactory and that fouling of the brook and the surface of the land occurs.

The general standard of housing in the urban district is only moderate, although a fair percentage of the houses are said to be owner-occupied. The majority are built in terraces and are constructed of local stone. The more recently built houses are of regular coursed stone with slate-covered roofs.

The older type have thick random rubble walls, with flag-covered roofs, and are generally low in relation to street or ground levels. Some houses of this category are without back doors and separate rear yard spaces. There is often penetrating or rising dampness in the walls. In this type of house the windows are generally insufficient in size, and the ceilings are often low.

There are still 57 back-to-back type houses within the district.

The houses without back doors found during the survey, and excluding the back-to-back type houses, number 56. They are usually of the terrace type, although there are some isolated cottages of this design. In some instances back doors, rear yard spaces and passages could be provided.

The rate of house building in the district has been slow. In 1931 there were 786 inhabited houses in the area, whilst in the year 1950 there were 815, an increase of only 29 houses.

Little action appears to have been taken by the Council with regard to the making up of streets and passages.

Rather more than half the closet accommodation is of the fresh-water closet type, waste-water closets form some 22 per cent. and pail closets roughly 20 per cent., but there is a complete absence of privies. The conversion of waste-water closets has been very slow, only about eight having been converted to fresh-water closets during the last two years. The conversion of pail closets on the other hand appears to be progressing, the records showing that 47 have been converted to fresh-water closets during this period.

There is a fortnightly collection of domestic and trade refuse, but there is no scheme in operation for the collection of kitchen waste.

The use of ash pits in the district was very common until about two years ago, since when they have been almost completely abolished, 150 having been replaced by standard dustbins. The contents of movable dustbins are disposed of by tipping at the Winewall tip, which is a disused quarry, but these operations are not being carried out in a proper manner. Proper control does not appear to be exercised and the present state of affairs represents nothing more than crude tipping. These operations have been practised for so long that the excessive depth of the tip face now makes it impracticable to revert to controlled tipping without incurring considerable expense.



The milk supply of the district is delivered by nine producer retailers none of whom supplies milk of a special designation. No licences were issued for the retail sale of milk during 1950, and there are no dairies in the area registered by the local authority. There are no records of samples of milk having been taken for examination.

*Principal Recommendations :—*

(a) Consideration should be given towards increasing the capacity of water retained at Boulsworth Hill.

(b) Wherever practicable, water should be supplied to houses not at present connected to the public mains, and arrangements should be made for regular sampling and examination of the public water supply. Private supplies should be controlled by regular inspection and sampling.

(c) Immediate steps should be taken to obviate pollution by sewage of Trawden Brook at Cotton Tree, and consideration should be given to the extension of the sewer in Keighley Road to allow the houses in the Stunstead area to be connected thereto.

(d) Consideration should be given to increasing the amount paid towards the cost of the conversion of a pail closet to a water closet, so as to accelerate this important step in sanitation.

(e) Suitable public conveniences for both sexes should be provided.

(f) Arrangements should be made for a weekly collection of domestic refuse and the carrying out of the work of tipping in accordance with the recommendations of the Ministry of Local Government and Planning.

(g) A survey of the houses in the area should be carried out and an endeavour made to improve the housing of the inhabitants of the district.

(h) Arrangements should be made for the regular and systematic biological examination of milk supplied to the district, the regular and systematic inspection of food-preparing premises and the provision of suitable washing facilities and sanitary accommodation at all premises where food is prepared.

ULVERSTON URBAN DISTRICT.—The Urban District of Ulverston is situated on the eastern side of the detached Furness area in the north of the county, and on the north-west and south adjoins the Ulverston Rural District while in the east the boundary is formed by the estuary of the River Leven.

A large proportion of the area is rural in character, but industries vary considerably, and several new light engineering industries have been directed to the town in recent years. Agriculture and ancillary trades find employment for many of the inhabitants, but tanning, iron founding, the manufacture of electrical accessories, the manufacture of penicillin and streptomycin, dressmaking and fancy goods and light engineering are among the many businesses established in the town.

Water is supplied in bulk by Barrow Corporation from their Pennington reservoir to the Urban District Council's water works at Castle Hill, Pennington. The water is collected from the uplands north-west of Ulverston.

Ninety-six houses are supplied by stand-pipe, but these are all among the older property in the town. In most instances it is impracticable to take a piped supply into the houses and it is anticipated that very many of these old houses will be demolished as unfit for human habitation in the not too distant future. Fifteen dwelling houses are dependent on private supplies, but they are in every case so remote as to render connection to the public mains at a reasonable cost impracticable.

Sewerage throughout the district is mainly on the combined system, both sewage and rain water being carried in the same drains and sewers. The existing sewers in the urban district are very old and sewage is discharged straight to tidal waters without treatment. Detritus is removed from a portion of the sewage by sedimentation in tanks situated off Morecambe Road near the Lund Beck. The condition of the existing sewerage system has recently been investigated and a scheme for dealing with the sewage from the area has been prepared by the Surveyor of the Urban District Council and the County Surveyor. The new works proposed are intended to deal with the sewage from a total population of 18,000, with a water consumption of 40 gallons per head per day. The proposals include:—

1. Remedial works to the present system.
2. New trunk outfall.
3. New tributary outfall from Croftlands neighbourhood and Swarthmoor.
4. Works prior to discharge to tidal waters.

Approximately 3,240 water closets are used by the occupiers of 2,940 houses in the district. Privy middens number 35 and pail closets 10, but in all these cases either no sewer is available or the houses are likely to be demolished. Movable ashbins number 2,860 and dry ashpits 46.

A weekly collection of house refuse is carried out, the refuse being disposed of by controlled tipping on a tip situated at Canal Head.

There are no permanent camps or camping sites in the urban district, and only one licence has been issued by the Council for the stationing of a single caravan.

There are six premises at which offensive trades are carried out. These cannot be considered to comply with modern standards of hygiene, but nuisances are seldom created.

The existence of much old and sub-standard property in the town is a matter which is causing the Council considerable anxiety, and the provision of suitable housing accommodation is the principal need of the district. With the advent of new industries offering work to persons who might otherwise leave to find work in other towns, the housing situation has become most acute, and it is estimated that between 400 and 500 new houses are required.

The Urban District Council have already scheduled certain areas to be dealt with as clearance areas. In addition, 134 houses, six of which are unoccupied, form a supplementary list of individual houses which are to be dealt with as early as possible. Since 1935 the number of houses demolished under slum clearance schemes is 149, requiring the re-housing of 744 persons. In addition six properties have been closed for human habitation, but not demolished, the owners having signed an undertaking that the premises will not be used for human habitation. In all cases the tenants were re-housed by the Council.

The Urban District Council are fully alive to the importance of re-housing tenants from unsatisfactory dwellings and in 1945 an officer was appointed as Housing Architect to deal entirely with the provision of new housing accommodation. The Council have, in fact, already erected 535 houses in the district, and are at present developing a neighbourhood unit of 62 acres on the southern outskirts of the town. As a first instalment 13 acres are being laid out with roads, sewers and other services.

Five dairymen, other than cowkeepers, are registered by the local authority as carrying on the business of milk distributor within the urban district.

During the last five years 112 samples of milk have been taken and submitted for biological examination for tubercle bacilli. Only three of these proved positive. Of 95 samples of milk examined bacteriologically for cleanliness only two were found to be unsatisfactory. No samples of milk were examined for cleanliness during 1950.

Before 1940 there were ten slaughter-houses in use in the Urban District. Now all slaughtering is concentrated in the privately owned slaughter-house in The Gill rented by the Ministry of Food. It is an old building which has recently been renovated but is still far from approaching the modern standards required of a public abattoir. The premises are badly situated and arranged, and inadequate for the amount of slaughtering done. There are no facilities for isolating infected carcasses. Proposals have been made at various times that the slaughter-house should be closed, but recently some improvements have been carried out and it appears that slaughtering is likely to continue there for some considerable time. The Urban District Council have a site available for the construction of a new abattoir when the time is opportune.

*Principal recommendations:—*

(a) The water supply to those houses not connected to the public mains should be examined periodically and improvements made where necessary in the methods of collection and storage. The bacteriological examination of the public water supply should be continued, but more frequent chemical examinations should be made, especially for residual chlorine. Houses supplied by stand pipe which are not likely to be dealt with under the Housing Act in the near future should be connected to the public mains.

(b) The proposed sewerage scheme should be carried out as soon as possible.

(c) Consideration should be given to the advisability of adopting byelaws relating to the emission of smoke and the regular timing of the discharge of smoke from factory chimneys.

(d) The provision of additional housing accommodation is the most important need of the district, and the erection of new houses should be proceeded with as quickly as possible. Such action as may be necessary under the Housing Acts or the Public Health Act should be taken to secure the repair, reconstruction, closure or demolition of dwelling houses "not in all respects fit for human habitation".

(e) Every effort should be made to raise the general standard of all premises where food is prepared to conform to present-day requirements.

(f) Consideration should be given to the advisability of preparing for the erection of a new public abattoir to replace the existing unsatisfactory slaughter-house in The Gill.



## HOUSING

According to local authorities' rate books there were some 623,800 inhabited houses in the Administrative County area at the end of 1951. A reference to Table 5 on page 153 shows that 7,265 houses, including 32 temporary and 170 permanent prefabricated houses and 1,019 flats were completed during the year. All, with the exception of 921 traditional permanent houses and 11 flats, were erected by local authorities. As compared with the figure for the previous year, the total of 7,265 houses of all types represents an increase of 265. The number of flats built during 1951 was considerably higher than the number erected during 1950, i.e., 1,019 as compared with 121. The respective figures for permanent prefabricated houses were 170 and 187, and for permanent traditional houses 6,044 and 6,676.

Whilst suitable sites for new houses appear to be available in most districts, certain difficulties are reported in this connection. Apart from the more congested areas, where sites are almost non-existent, several districts are greatly limited in their choice of suitable building sites by mining subsidence, or, to a less degree, by the difficulties involved in the necessary provision of a water supply and sewage disposal system to such sites. Further limitation of choice is involved by reason of the authorities' natural desire to avoid using valuable agricultural land.

In the absence of an up-to-date survey, records of overcrowding—although such is amply apparent—are very incomplete in many districts and consequently no accurate estimate of overcrowding conditions in the Administrative County is possible. A certain amount of overcrowding has, of course, already been relieved by the resumption of building since the war, but there is still a very considerable amount of work to be done in this connection. Almost without exception, local medical officers of health have reported a housing shortage, which, in some areas, presents a social problem of considerable magnitude.

Of the housing conditions generally, these, according to the local reports, except as regards clearance areas, can be considered on the whole to be fairly good. To some extent, however, houses are falling into disrepair owing to the difficulties of obtaining labour and materials and, in certain districts, there are large numbers of houses which, were it not for the acute shortage, would be demolished as unfit for human habitation. The prevailing defects in most districts are chiefly dampness and lack of repair work, whilst in areas embraced by the Lancashire coalfield mining subsidence is responsible for much structural damage.

Back-to-back houses number some 8,000 to 9,000 and there are reported to be more than 1,000 back-to-earth houses. In addition, there are 1,000 to 2,000 other houses without through ventilation. Here again, owing to the acute housing shortage, programmes of conversion or clearance, which were being speedily dealt with prior to the war, are at the moment out of the question. The greater part of the Administrative County is relatively free from this type of house, more than half the total number being situate in four or five County districts.

It is not possible to give accurate figures of the numbers of houses which are without adequate internal water supply or which have no separate water closet or other adequate sanitary accommodation, but a summary of the local reports indicates that some 4,000 to 5,000 houses come within the former category and approximately 14,000 in the latter.

Table 5, pages 148 to 153, compiled from information supplied by local medical officers of health, gives some indication of housing activities in the various urban and rural districts of the County during 1951, together with the steps taken to remedy such property as was found not to be in all respects reasonably fit for human habitation. In all, 61,080 houses were inspected under the Public Health or Housing Acts for housing defects, 124,908 inspections being made for the purpose. A total of 1,461 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition 27,548 houses were found not to be in all respects reasonably fit. A total of 20,937 houses were rendered fit during the year in consequence of informal action by the local authorities or their officers.

Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, chiefly on account of the shortage of labour and materials and the fact that, owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work. Formal notices served in 1951 under sections 9, 10 and 16 of the Housing Act, 1936, requiring repairs to be effected, were reported to number 531. As a result 409 houses were rendered fit by the owners and a further 49 were repaired by the local authorities in default of the owners. In addition, 4,928 notices were served under the Public Health Acts requiring defects to be remedied, as a result of which 2,747 houses were brought up to standard by the owners and a further 156 by the local authorities in default of the owners.

Proceedings under sections 11 and 13 of the Housing Act, 1936, during the year involved the making of demolition orders in respect of 165 houses and the demolition of 86 houses in pursuance of orders made.

HOUSING ACTS, 1936-46.—The Housing (Financial Provisions) Act, 1938, provided for County Councils to make annual contributions to County District Councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers.

This was followed by the Housing (Financial and Miscellaneous Provisions) Act, 1946, which provides that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25. 10s. as against the "general standard" amount of £16. 10s., the payment of annual contributions by County Councils to County District Councils shall be at the rate of £1. 10s. per house for 60 years from the date of completion, in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939.

Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

During the financial year ended the 31st March, 1952, the total annual contributions (including arrears) paid by the County Council to District Councils under the above Acts amounted to £1,836. 10s. whilst the number of houses notified as completed during the year ended 31st March, 1952, and ranking for grant was as follows:—

	<i>District</i>	<i>No. of houses</i>
URBAN :		
Fulwood .....	.....	4
Rainford .....	.....	2
Walton-le-Dale .....	.....	4
Whitworth .....	.....	14
RURAL :		
Blackburn .....	.....	1
Chorley .....	.....	1
Fylde .....	.....	12
Garstang .....	.....	14
Lancaster .....	.....	4
Lunesdale .....	.....	6
Preston .....	.....	8
Warrington .....	.....	2
TOTAL .....		72

HOUSING ACT, 1949.—One of the principal aims of this Act is that of promoting, through financial assistance, the improvement of housing accommodation. Under Part II of the Act a local authority may, subject to certain provisions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

During 1951, schemes submitted to local authorities numbered 65 and, by the end of the year, 13 of these had received local authority and Ministerial approval. Only five local authority schemes were submitted to the Minister of Local Government and Planning, three receiving approval by the end of the year. Sixteen houses or other buildings were affected by the 16 approved schemes.

The number of additional separate dwellings actually completed under this part of the Act during the year was six—two by private individuals and four by local authorities.

Quite a number of schemes of private individuals submitted to the local authorities were later withdrawn when the owners became aware of the requirements of the Act.



## INSPECTION AND SUPERVISION OF FOOD

**Milk Supply.**—The major functions of the County Council throughout 1951 in connection with milk supply related to the inspection and licensing of heat-treatment plants and premises within their area as a Food and Drugs authority. In addition, the County Council were concerned with the administration of the Milk and Dairies Regulations, 1949, in so far as they apply to the general sanitation of dairies or plant licensed by the Council, continued to be responsible for the supervision of the Milk in Schools Scheme and also discharged the functions of a County Council under section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, in regard to the sale of tuberculous milk or milk of cows suffering from tuberculosis or any of the diseases set out in the Second Schedule of the Act.

**THE FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM) ACT, 1950.**—This Act, which is a consolidation Act, came into operation on the 1st January, 1951. Part I deals with the powers to secure the purity of milk by Regulations to be made jointly by the Ministers of Health, Food and Agriculture. The sale of tuberculous milk and the milk of cows suffering from tuberculosis or other specified diseases is prohibited under section 8 of the Act and the duty of enforcing this provision is placed on County and County Borough Councils. Other provisions relating to the sale of milk not in a pure and genuine condition are contained in section 9. Part II of the Act is concerned with regulations as to special designations of milk and provisions as to their use. The County Council, as Food and Drugs authority, are responsible for the enforcement of Part III relating to artificial cream, which may only be manufactured or kept for sale on premises registered by the Council.

**THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.**—During the year 1951 the County Council granted 21 dealer's (pasteuriser's) licences and one dealer's (steriliser's) licence in connection with premises and plant for the heat-treatment of milk in their area. The number of milk samples obtained from these plants and submitted to the prescribed tests was 578, of which 23 failed to pass the phosphatase test and seven the methylene blue test. The conditions at the premises from which the unsatisfactory samples were obtained were investigated and subsequent samples proved satisfactory.

In the 15 County districts autonomous for Food and Drugs purposes the local authorities granted 10 dealer's (pasteuriser's) licences in respect of premises and plant used for the heat-treatment of milk. No dealer's (steriliser's) licences were issued.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 1,618 and of sterilised milk 3,263.

**THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.**—The numbers of dealer's licences, including supplementary licences, issued under these regulations during 1951 by all local authorities within the Administrative County area were 1,075 in respect of "Tuberculin Tested" milk and 42 in respect of "Accredited" milk.

**THE MILK AND DAIRIES REGULATIONS, 1949.**—According to reports of local medical officers of health regarding the registration of milk distributors, during 1951 there were registered 435 operating from dairies within the respective districts, 1,095 from dairy farms (excluding producer-retailers) within the districts and 3,221 from shops (other than dairies) in the districts. In addition, 688 registrations are reported by medical officers of health in respect of distributors operating from premises outside their respective districts. The total of all registrations does not, therefore, represent the actual number of distributors operating during the year by virtue of the registration of some distributors in more than one district.

**PROVISION OF MILK TO SCHOOL CHILDREN.**—The number of samples of milk obtained on behalf of the County Council from school supplies and examined for the presence of tubercle bacilli was 260 and, of these, two or 0·8 per cent. were reported to be positive. The Minister of Agriculture and Fisheries was notified and veterinary inspection of the herds concerned was carried out. No conclusive results were obtained and subsequent samples proved to be satisfactory.

In co-operation with the Area Milk Officer of the Ministry of Food the policy continued to be pursued of providing Heat Treated or Tuberculin Tested milk to schools in the County area, of which only 22 were being supplied with raw or undesignated milk at the end of the year.

**PROVISION OF MILK TO DAY NURSERIES.**—The regular sampling of milk supplies to day nurseries resulted in 416 samples being obtained during the year. Of these, 302 samples of heat-treated or pasteurised milk were submitted to the phosphatase and methylene blue tests. Five samples failed to pass the tests. None of the 114 samples submitted to the inoculation test was found to contain tubercle bacilli.

SAMPLING BY LOCAL AUTHORITIES.—The numbers of milk samples reported to have been taken during 1951 by officers of the local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests:—

				No. of samples	No. unsatisfactory	
<i>Heat-treated milk—</i>						
Tuberculosis—biological test				..... 124	.....	nil
<i>“Pasteurised”—</i>						
Phosphatase test				..... 1,586	.....	22
Methylene blue reduction test				..... 1,593	.....	70
<i>“Sterilised”—</i>						
Turbidity test				..... 163	.....	1
<i>Raw milk—</i>						
Tuberculosis—biological test				..... 3,109	.....	130 (positive)
Methylene blue reduction test				..... 2,843	.....	542
Bacteriological (B. Coli.) examination				..... 980	.....	147
Sediment test				..... 140	.....	4

In accordance with the provisions of Part IV of the Agriculture Act, 1937, particulars of the positive results of the tests for tuberculosis were forwarded by the local medical officers of health to the Divisional Inspector of the Ministry of Agriculture and Fisheries, who arranged for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. As a result, 104 animals were seized under the Tuberculosis Order, 1938. In 16 cases the inspection results were negative, no animals being seized, and in 31 cases negative results were reported where animals had been sold prior to the investigation.

**Meat and Other Foods.**—All local reports mention action taken during the year with regard to the inspection of meat and other foods, including inspection of food shops, stalls and vehicles, places where food is prepared, and slaughter-houses where such exist. Generally speaking co-operation by shopkeepers with the local inspectors was good and informal action was all that was necessary to remedy any shortcomings.

As a result of legislation for the control of meat and livestock, and the consequent centralisation of slaughtering, such few slaughter-houses as do exist independently in the County area are normally used only for the slaughter, under licence, of pigs for human consumption but not for sale, or of horses for human consumption.

Every endeavour appears to be made to inspect all such animals after slaughter, and in certain districts arrangements exist with the local office of the Ministry of Food whereby the latter informs the local authority of the issue of all licences for slaughter in order that the authority's inspecting officer may attend, whether the slaughter occurs at the slaughter-house or at the farm. In those districts where no such arrangement exists, inspections of pigs slaughtered under licence for home consumption and not for sale are largely confined to those carried out at the request of the owner.

Ante-mortem inspections appear to be carried out in comparatively few districts but, here again, this is partially due to the fact that in many districts the inspector, in the absence of an arrangement with the local Ministry of Food office, is not aware of the slaughtering of a pig until requested by the owner to inspect the carcass.

In addition to such inspections within their area as are outlined above, some district inspectors take their part, on a rota system, in the inspections which are made at the central slaughter-houses.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1951, together with the numbers and results of inspections carried out. The number of pigs killed includes “self-suppliers” pigs known to have been slaughtered, but there were, no doubt, many in addition which were not brought to the notice of the local authorities. It is, unfortunately, not possible to give separately the particulars relating to cows and to cattle excluding cows.



*Carcases Inspected and Condemned, 1951*

	Cattle in- cluding cows	Calves	Sheep and lambs	Pigs
Number killed .....	36,335	15,846	92,069	43,014
Number inspected .....	36,335	15,846	92,067	42,161
<i>All diseases except tuberculosis—</i>				
Whole carcasses condemned .....	183	1,003	285	149
Carcasses of which some part or organ was condemned .....	13,066	381	7,292	1,690
Percentage of the number inspected affected with disease other than tuberculosis .....	36.5	8.7	8.2	4.4
<i>Tuberculosis only—</i>				
Whole carcasses condemned .....	589	28	—	202
Carcasses of which some part or organ was condemned .....	7,554	8	1	1,890
Percentage of the number inspected affected with tuberculosis .....	22.4	0.2	0.0	5.0

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947-51.—During 1951 regular sampling, temperature recording, inspection of premises and equipment, and explanation of the regulations is reported by medical officers of health to have taken place in almost all County districts, and standards of production and storage generally would appear to be satisfactory. The medical officer of health of Accrington M.B. observes that conditions now are “infinitely better” than those obtaining prior to the passing of the Regulations. At Nelson M.B. all manufacturing premises were visited and, as a result, a number of manufacturers ceased production, some transferred to the “cold-mix” method whilst the remainder whose premises were not so equipped fitted suitable indicating and recording instruments. After condemnation by health officers at Swinton and Pendlebury M.B. one complete manufacturing process was entirely re-equipped with modern plant. At Lancaster R.D. all manufacturers are now reported to have brought their premises to a satisfactory standard, four having been rebuilt.

THE LANCASHIRE COUNTY COUNCIL (RIVERS BOARD AND GENERAL POWERS) ACT, 1938—SECTIONS 115 AND 116.—Action by District Councils during 1951 with regard to the registration of hawkers of meat, fish, fruit and vegetables and their premises and of premises used in connection with the sale of ice-cream or preserved food is reported in 62 districts. Registration of appropriate persons and premises was stated to be complete and up-to-date at the end of the year and regular inspections were carried out in nearly all districts during the year.

CLEAN FOOD.—For the guidance of local authorities in making byelaws under the Food and Drugs Act, 1938, the Minister of Food issued in 1949 model byelaws, the main purpose of which was to secure that every person who handles, wraps or delivers any food shall observe cleanliness in regard to himself and his clothing and also take reasonable measures to protect the food from any form of contamination. The byelaws were designed to apply generally to all branches of the food trade. The shortage of materials and equipment, e.g., wrapping paper, prevented the inclusion of provisions considered desirable but it is intended that the byelaws will be reviewed when sufficient experience has been gained of their operation.

Byelaws based on the model are reported by medical officers of health to have been adopted and in operation in 86 County districts by the end of 1951. In addition, byelaws for a further two districts had been submitted to the Minister for approval.

Many district councils adopted the suggestion set out in Ministry of Food Circular 20/51 and issued for use in all food premises a display card bearing, above the signature of the medical officer of health, an appeal to the public to refrain from taking their dogs into such premises. Other steps taken during the year included one or more of the following courses of action—visits by Council officials to food premises for the purpose of inspection and giving of advice in the storage and handling of food; the distribution of circular letters or pamphlets to all persons engaged in handling food and of posters for exhibition in food premises; lectures (including complete courses of lectures at local technical schools and further education colleges), film displays or demonstrations, primarily to persons professionally engaged in the handling of food; publicity campaigns in the Press and active co-operation and liaison with trade associations, usually in the form of Clean Food Associations or Guilds.

At Denton U.D. a survey was undertaken of all premises where food was manufactured, deposited for sale or sold, particular attention being paid to the provision of hot water supplies for washing. No less than 50 cases of unsatisfactory supply were found, but in 19 of these gas geysers had been installed by the end of the year at the council's instigation.

**Food Poisoning.**—There was a considerable decline in the number of cases of food poisoning ascertained during 1951. The total, including non-notified cases ascertained during investigations, was 109 cases and one death, compared with 511 cases and one death in 1950 and 838 cases and four deaths in 1949.

Of the 109 cases occurring during the year under report 72 were apparently isolated and unrelated, the remaining 37 cases being involved in eight outbreaks (an outbreak being defined in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source).

Brief particulars of the outbreaks are as follows:—Atherton U.D.: two cases; organisms not traced; vehicle believed to be potted meat—Lancaster M.B.: 12 cases; organisms and food involved not ascertained—Leigh M.B.: four cases due to *staphylococcus aureus* in boiled ham sandwiches—Prestwich M.B.: four cases due to *salmonella typhi-murium*, associated with an outbreak in Manchester C.B. involving approximately 20 persons who had dined at a party in a Manchester hotel; suspected food was mayonnaise, one ingredient of which was two dozen raw duck eggs, but none was available for analysis; a second outbreak, involving three cases, occurred at Prestwich Hospital; organisms of *clostridium welchii* isolated but vehicle not known—Rawtenstall M.B.: seven cases; *clostridium welchii* isolated from cold roast turkey—Walton-le-Dale U.D.: three cases; *salmonella typhi-murium* isolated; sausages suspected—Preston R.D.: two cases due to *salmonella typhi-murium*; vehicle not ascertained.

Of the 72 isolated cases the responsible organism was traced in 11 instances, all being of the *salmonella* group. In seven cases they were stated more specifically to be *salmonella typhi-murium*, in one case *salmonella thompson* and in another *salmonella dublin*. The patient in this last case, a male aged 77 years, died.

**Food and Drugs.**—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:—

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939. Many of its provisions are still in force although some have been amended directly or indirectly by the Pharmacy and Medicines Act, 1941, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and by the long list of food regulations made by the Minister of Food during and subsequent to the war. The Food and Drugs (Milk, Dairies and Artificial Cream) Act came into operation on the 1st January, 1951, and its provisions were discussed in the report for 1950. It is not proposed to repeat these in detail but merely to mention that the Act consolidates legislation appertaining to milk, dairies and artificial cream and that it may be cited with the principal Act as the Food and Drugs Acts, 1938 to 1950. As a result of the coming into force of the 1950 Act, the whole of the Milk (Special Designations) Act, 1949, certain sections of the Food and Drugs Act, 1938, and of the Food and Drugs (Milk and Dairies) Act, 1944, have been repealed.

The following are the more important new Regulations made during the year under review which have special bearing on the work of the Public Analyst. The list is, however, by no means exhaustive as many other Regulations concerning food were made during this period:—

- The Dried Fruits (General Licence) Order, 1951.
- The Soft Drinks (Amendment) Order, 1951.
- The Meat Products and Canned Meat (Amendment) Order, 1951.
- The Meat Products and Canned Meat (Amendment No. 2) Order, 1951.
- The Meat Products and Canned Meat (Amendment No. 3) Order, 1951.
- The Labelling of Food (Amendment) Order, 1951.
- The Chocolate, Sugar Confectionery and Cocoa Products Order, 1951.
- The Cream (Revocation) Order, 1951.
- The Cream Order, 1951.
- The Dried Egg (Control of Use) (Revocation) Order, 1951.
- The Use of Milk (Suspension of Restriction) Order, 1951.
- The Egg Products (Amendment) Order, 1951.
- The Food Standards (Ice-cream) Order, 1951.
- The Food Standards (Cream) Order, 1951.
- The Food Standards (Edible Gelatine) Order, 1951.
- The Food Standards (Meat Paste) Order, 1951.
- The Food Standards (Fish Paste) Order, 1951.

**FOOD AND DRUGS SAMPLES.**—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

“An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this section, and any such officer is in this Act referred to as a ‘Sampling Officer’.”

In the County of Lancaster this work is now carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.



The number of food and drugs samples submitted by the County Sanitary Officers during the year 1951 was 8,501, as against 8,104 during the previous year and 7,700 in the year 1949; this is an appreciable increase, and is reflected in the rate of samples per 1,000 of the population which was 5.89 in the year under review, 5.66 in 1950 and 5.46 in 1949. The number of County food and drugs samples has, therefore, been well maintained above the level reached in 1947 (6,819), and the figure for 1951 was much higher than the corresponding figure for any previous year in the history of the County Laboratory.

*Total Adulteration.*

During the year under review, of the 8,501 samples of food and drugs submitted for examination under the Act, 412 were reported upon adversely; the total adulteration was, therefore, 4.8 per cent. This represents a very slight increase compared with the percentage of adulteration for the previous year (1950) when the figure was 4.5 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure was 4.5 which was reached during the year 1950, and that the average figure was 5.9 per cent., so that the percentage of adulteration for the year 1951, which was 4.8, was considerably lower than that of the average for the past 10 years, and was also the second lowest since the year 1942. In general, the adulteration during and subsequent to the war has been considerably greater than that found in the preceding years; while the figure for the year under review cannot be regarded as unsatisfactory when compared with the figures for the last 10 years, it is, however, still higher than the adulteration rate for the 10 years 1929-38, which preceded the war, when the percentage adulteration varied from 2.6 to 4.2.

*Percentage of Adulteration of County Samples of Food and Drugs, 1942-51*

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1942	2,088	142	6.8
1943	2,058	172	8.4
1944	1,816	163	9.0
1945	1,731	138	8.0
1946	4,122	315	7.6
1947	6,819	477	7.0
1948	6,958	399	5.7
1949	7,700	408	5.3
1950	8,104	363	4.5
1951	8,501	412	4.8
1942-51	49,897	2,989	5.9

*Analysis.*

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. Throughout all the war years the rate of sampling dropped very considerably; in fact for the years 1942-45 inclusive, it was only half of that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during 1947 and the figures for the last five years are much higher than the corresponding figures for any previous year in the history of the County Laboratory.

Year	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Percentage of adulteration	6.8	8.4	9.0	8.0	7.6	7.0	5.7	5.3	4.5	4.8
Total samples	2,088	2,058	1,816	1,731	4,122	6,819	6,958	7,700	8,104	8,501
Formal samples	1,236	1,234	912	870	1,648	2,318	2,478	3,011	2,798	2,751
Informal samples	852	824	904	861	2,046	3,821	3,953	4,254	4,858	5,184
Private samples	—	—	—	—	428	680	527	435	448	566
Number of samples per 100,000 of the population	161	156	136	135	321	505	504	546	566	589

MILK.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 5,811, and of these, 291 were reported against; the amount of adulteration was, therefore, 5·0 per cent. This figure as will be seen from the following table is lower than the average for the last 10 years and is lower than the percentage adulteration for any previous year included in the table.

*Percentage of Adulteration of Milk Samples, 1942-51*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1942	1,506	132	8·8
1943	1,459	157	10·8
1944	1,197	135	11·3
1945	1,096	111	10·1
1946	2,669	272	10·2
1947	4,515	393	8·7
1948	4,464	293	6·6
1949	5,157	301	5·8
1950	5,324	285	5·3
1951	5,811	291	5·0
TOTALS	33,198	2,370	7·0

*Average Composition.*

Genuine milk has not always the same composition. There are variations which are natural in the amount both of fat and solids-not-fat in milk as drawn from the cow, and therefore it becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1951 in the following table, where it will be seen that the average figures for fat are 3·67 per cent., for solids-not-fat 8·65 per cent., and for total solids 12·32 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk received; that is to say, there are included all adulterated samples and further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

*Average Composition of Milk, 1951*

Month	No. of samples*	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January	1,555	3·60	8·57	12·17
February				
March				
April	1,402	3·54	8·65	12·19
May				
June				
July	1,318	3·66	8·67	12·33
August				
September				
October	1,564	3·85	8·73	12·58
November				
December				
Whole year	5,839	3·67	8·65	12·32

\* Includes Appeal-to-Cow samples.



The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that June has the lowest figure, 3.46 per cent., and November the highest, 3.93 per cent. In respect of solids-not-fat, the lowest figure was obtained in February and April, 8.55 per cent., the highest figure for solids-not-fat was obtained in October, the figure being 8.76 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the early months of the year.

In the following table the average composition of all the milk samples examined is set out for the period 1910-51. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8.55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8.65 per cent. In addition to other possible causes for this decrease it should be remembered, however, that seven of the 11 years during which the average solids-not-fat have been lower than formerly were years which showed an increased rate of adulteration. Since the year 1943 there has been a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

*Average Composition of Milk Samples, 1910-51*

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30	56,028	3.67	8.90	12.57
1931	3,090	3.84	8.81	12.65
1932	3,205	3.77	8.85	12.62
1933	3,060	3.76	8.82	12.58
1934	3,310	3.74	8.81	12.55
1935	3,422	3.75	8.84	12.59
1936	3,098	3.73	8.88	12.61
1937	3,278	3.74	8.84	12.58
1938	3,398	3.70	8.78	12.48
1939	3,128	3.67	8.78	12.45
1940	2,144	3.70	8.79	12.49
1941	1,866	3.70	8.64	12.34
1942	1,516	3.75	8.66	12.41
1943	1,489	3.70	8.55	12.25
1944	1,197	3.69	8.57	12.26
1945	1,096	3.72	8.57	12.29
1946	2,776	3.75	8.58	12.33
1947	4,625	3.75	8.63	12.38
1948	4,523	3.67	8.64	12.31
1949	5,210	3.66	8.65	12.31
1950	5,362	3.68	8.67	12.35
1951	5,839	3.67	8.65	12.32
1910-51	122,660	3.72	8.87	12.59

ARTICLES OTHER THAN MILK.—*Adulteration*.—During the year under review 2,690 samples other than milk were examined on behalf of the County Council. Of these, 121 were reported against, which corresponds to an adulteration rate of 4.5 per cent.—a figure considerably higher than that obtained for the year 1950, when it was only 2.8 per cent. The percentage of adulteration in articles other than milk was, therefore, only slightly lower than that for milk. The relatively high figure for adulteration obtained in the year under review as compared with the previous year was due to a high incidence of unsatisfactory ice-cream, sausage and table jelly samples and to a number of samples whose labels did not conform with the requirements of the Labelling of Food Order.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 412 County food and drugs samples were reported upon adversely and in respect of 50 of these prosecutions were instituted, 36 in respect of milk samples, one in respect of camphorated oil, nine in respect of ice-cream, three in respect of sausages and one in respect of whisky. There were 39 convictions and in the remaining 11 instances, in which three vendors only were involved, four summonses were withdrawn and seven were dismissed. In none of the unsuccessful cases were the analytical findings questioned. The total fines and costs during the year amounted to £362. 11s. 6d. This amount is lower than the corresponding figures for the last six years but it is to be expected in view of the percentage of adulteration, which, in general, has shown a tendency to decrease.



ICE-CREAM.—The year 1951 was noteworthy in regard to ice-cream in that it saw the introduction of the first statutory standard for the composition of this commodity ever made in this country. On the 3rd July, 1950, the Minister of Food authorised the publication of a recommendation of the Food Standards Committee that an interim standard should be set up for ice-cream of 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids-not-fat. In order that this proposed standard would not reduce the total supplies of ice-cream available, the Ministry arranged for increased allocations of fats and of milk powder to be made to the trade. While the Committee considered that this was the highest standard they could then recommend, they felt that it should be progressively improved as supplies of ingredients became more plentiful; furthermore, they considered that the description "ice-cream" should eventually be restricted to a dairy product containing a high portion of milk solids.

Following this recommendation the Food Standards (Ice-cream) Order, 1951, was made on the 1st January, 1951, but in order to allow existing stocks of ice-cream powder mix to be disposed of, it did not come into operation until the 1st March, 1951. In common with other Food Standards Orders, proceedings for an infringement of the Order may be brought by a Food and Drugs Authority without the consent of the Minister. The standard for ice-cream laid down in the Schedule to the Order is as follows:—

"1.—Ice-cream shall contain not less than 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids other than fat:

Provided that—

(i) ice-cream containing any fruit, fruit pulp or fruit puree shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice-cream including the fruit, fruit pulp or fruit puree, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than  $7\frac{1}{2}$  per cent. fat, 10 per cent. sugar and two per cent. milk solids other than fat;

(ii) 'Parev' (kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.

"2.—For the purpose of the standards prescribed above, 'sugar' means sucrose, invert sugar or the solids of any sweetening material derived from starch so, however, that no ice-cream shall contain less than  $7\frac{1}{2}$  per cent. sucrose.

"3.—Each reference in this Schedule to any proportion or percentage means that proportion or percentage by weight."

The introduction of this standard in the spring of the year resulted in a further increase in the steadily growing number of samples submitted both by County Sanitary Officers and by autonomous Food and Drugs Authorities. This is not surprising in view of the very great interest displayed in this commodity both by the consuming public and by enforcing authorities. The increasing number of samples, however, is only a small factor in relation to the work of the department compared with the complexity of the standard itself, involving, as it does, the determination of three separate constituents, two of which are themselves complex in character and require several analytical procedures for their accurate determination. In addition, it is still necessary, of course, to carry out an examination for prohibited preservatives, impurities, etc. Prior to the introduction of the above standard the only determination connected with composition that was necessary was that of the fat content to ensure that samples complied with the Trade Agreement entered into with the Ministry of Food for a minimum of 2.5 per cent. fat in ice-cream.

In this connection it should be noted that there has been a steady improvement in the fat content of ice-cream over the last five years, this being particularly noticeable during the years 1950 and 1951. A perusal of the table below shows that the average fat content in 1946 was only 2.3 per cent. whereas in 1950 it was 8.5 per cent. and in the year under review 8.6 per cent. Furthermore, the lowest fat content during 1950 was 2.2 per cent. and in 1951 3.3 per cent. whereas in the four years 1946 to 1949 fats as low as 0.3 and even 0.1 per cent. were found.

Although the average fat content of ice-cream has risen steadily since 1946, the big increases noted since 1948 were probably, to a great extent, due to the action of the Ministry of Food in allocating, from November, 1948, additional supplies of sugar and in certain cases fats to those ice-cream manufacturers who, at that time, undertook to include at least 2.5 per cent. fat in their ice-cream. As previously mentioned the Food Standards (Ice-cream) Order, 1951, required that from 1st March, 1951, the minimum fat content of ice-cream should be further increased to not less than 5 per cent.

During the year 1951, 230 samples of ice-cream were submitted for chemical analysis, 158 by County Sanitary Officers and 72 by autonomous Food and Drugs Authorities. Although no harmful ingredients were found in any of the samples, 40 (35 County and five from autonomous authorities) did not comply with the Food Standards (Ice-cream) Order, 1951. Of the 35 County samples 26 were deficient in fat, four in milk solids other than fat, three in both fat and milk solids other than fat, one in fat and sugar and one in sugar only. In the case of the five samples from autonomous authorities, three were deficient in fat and two in milk solids other than fat. Successful legal proceedings were instituted in respect of nine seriously deficient samples, i.e., seven deficient in fat, one fat and sugar and one fat and milk solids other than fat, all of which were submitted by County Sanitary Officers. No legal proceedings were recommended in respect of samples submitted by autonomous authorities.



The average figures found for the 230 samples were:—total solids 32·6 per cent. (maximum 40·7; minimum 23·0) and for fat content, 8·6 per cent. (maximum 15·6; minimum 3·3). These figures as will be seen from the following table, which includes figures for the last six years, show that the big improvement noted in the year 1950 has been fully maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the relative shortage of fats, 148 samples out of the total of 230 showed fat contents varying from 8·1 per cent. to 15·6 per cent.

*Ice-cream*

Year	No. of samples	Fat content average %	Total solids average %	Highest fat %	Lowest fat %	Highest total solids %	Lowest total solids %
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	Less than 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

**General Observations.**—PUERPERAL PYREXIA REGULATIONS, 1951.—The only change in legislation occurring during 1951 and affecting the notification of cases of infectious disease resulted from the operation, as from the 1st August, 1951, of the Puerperal Pyrexia Regulations, 1951. The regulations apply throughout England and Wales, including London, and replace those previously in force—i.e., in London, the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928, and in the rest of England and Wales the Puerperal Pyrexia Regulations, 1939. The effect of those regulations making puerperal pyrexia a notifiable disease is continued in the new regulations with slight modifications, the most important of which is a revised definition of puerperal pyrexia which the administration of the replaced regulations has shown to be necessary.

The original definition of puerperal pyrexia—"any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100·4 degrees Fahrenheit (38 degrees Centigrade) or more has been sustained during a period of 24 hours or has recurred during that period"—was found to be ambiguous. In addition, the use of various drugs now freely available may have the effect of reducing temperature promptly and so of preventing an infection from becoming notifiable under the above definition because the raised temperature is not maintained or does not recur. Under such conditions there would be a greater risk of spread of infection in maternity hospitals if such cases did not become notifiable and so subject to the ordinary measures of control.

With these considerations in mind a new and more precise definition was introduced in the Regulations of 1951, viz., "any febrile condition occurring in a woman in whom a temperature of 100·4 degrees Fahrenheit (38 degrees Centigrade) or more has occurred within fourteen days after childbirth or miscarriage". Naturally, there was a considerable increase in the number of notifications of puerperal pyrexia as from the date of operation of the Regulations.

**STANDARD NOTIFICATION FORM.**—In Circular 33/51 of the 14th August, 1951, the Minister of Health expressed the desirability of medical practitioners being able to use a single composite form for the purpose of notifying cases of infectious disease and of food poisoning and that this form should be standardised throughout the country. He therefore appended a model form, which can be used for any case notifiable under the Public Health Act, 1936, or in accordance with Regulations, or under Section 17 of the Food and Drugs Act, 1938, and invited the co-operation of all local authorities in adopting it at the first convenient opportunity. The model was framed so as to simplify the filling-up of the certificate as much as possible and has been the subject of consultation with the Associations representing local authorities, the Society of Medical Officers of Health and the British Medical Association.

**Smallpox.**—No case of smallpox occurred during 1951—the thirteenth successive year for which the Administrative County has been entirely free from the disease.

In September, 1951, suspected cases were reported at Ashton-under-Lyne M.B. where four children, who had recently returned to the district after a holiday in Italy, developed an unusual rash. The cases, however, were found not to be smallpox.

**Diphtheria.**—The number of notifications of diphtheria in 1951 showed, for the tenth successive year, a reduction, the 38 cases notified being five less than the previous low record of 43 notified in 1950. The proportionate decrease in mortality was far greater, the number of deaths falling from six in 1950 to only one in 1951.

There can be little doubt that the remarkable decline in the number of cases of, and deaths from, diphtheria which has occurred since 1938 is attributable to the artificial immunisation of children. A reference to the state of immunisation of the child population at the end of 1951 is made in page 53. The table below shows, by actual numbers of cases and deaths, the decline during the period in the Administrative County:—

Year	No. of cases	No. of deaths	Case fatality rate per cent.
1938	4,571	208	4·5
1939	3,297	157	4·7
1940	2,772	137	4·9
1941	3,354	183	5·4
1942	2,169	105	4·8
1943	1,760	69	3·9
1944	1,468	68	4·6
1945	1,137	52	4·5
1946	654	25	3·8
1947	327	12	3·6
1948	202	11	5·4
1949	84	5	6·0
1950	43	6	14·0
1951	38	1	2·6



The low case fatality rate in 1951 is immediately striking, particularly as considerable increases had been noted in each of the three preceding years, but it must be borne in mind that in proportions based on very small figures wide fluctuations are to be expected and do not necessarily have any material significance.

Of the 38 cases of diphtheria notified during 1951, 10 occurred amongst children under 5 years of age, 14 amongst those between the ages of 5 and 15 years and 14 amongst those over 15 years of age.

The one death from diphtheria assignable to the Administrative County in 1951 was that of a four-year-old boy who had not been immunised.

The notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1951 and the preceding five years, together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected, are shown in Table 18, page 166.

**Whooping Cough.**—There was a substantial decrease in the notifications of cases of whooping cough during 1951 as compared with the high incidence recorded in the previous year, the 6,005 cases notified being 2,290 less than the total for 1950. The deaths ascribed to this disease numbered 17, or four less than in 1950, and were equivalent to a rate of 0.008 per 1,000 of the estimated home population.

**Measles (excluding rubella).**—The number of cases of measles notified during the year 1951 was 26,461, the highest since 1940, when the disease first became notifiable and a total of 30,071 cases was recorded. The deaths registered as due to this cause numbered 15, or nine more than in 1950 when 17,636 cases were notified. Of the 15 deaths, three occurred at ages less than one year and eleven at ages less than five years. The total mortality rate was 0.007 per 1,000 estimated home population, the same as the provisional rate for England and Wales.

**Meningococcal Infection.**—This heading, which was introduced in 1950 in conformity with the Sixth Revision of the International Lists of Diseases, Injuries and Causes of Death, embraces not only cases of meningococcal meningitis, formerly notified as cerebro-spinal fever, but also cases of illness due to fulminant and other forms of meningococcal infection without an initial meningitis. For this reason, no direct comparison can be made with data for years prior to 1950.

The number of cases of meningococcal infection notified during 1951 was 65, or 21 more than in the previous year. The resultant attack rate was 0.03 per 1,000 of the estimated home population, the same as that for England and Wales. The deaths classified to this cause, however, numbered 12, a reduction of four compared with 1950. They were equivalent to a mortality rate of 0.006 per 1,000 of the estimated home population and a case fatality rate of 18.5 per cent.

**Acute Poliomyelitis (including polioencephalitis).**—As from the 1st January, 1950, the Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949, grouped acute poliomyelitis and acute polioencephalitis, formerly notifiable as separate and distinct conditions, under the one heading of acute poliomyelitis. At the same time the opportunity was taken of requiring cases of acute poliomyelitis (including polioencephalitis) to be notified under the sub-headings "paralytic" and "non-paralytic", the former being those where there are or have been signs of weakness or paralysis of muscles, either permanent or transient, and the latter where there have been no such signs, i.e., where the diagnosis has been made on other clinical signs with or without examination of the cerebro-spinal fluid.

The incidence of acute poliomyelitis in the Administrative County area during 1951 was again considerably less than in the previous year. In all, 83 cases were notified as compared with 160 in 1950 and 235 in 1949. Of the 83 cases, 70 occurred in the urban and 13 in the rural districts. Sixty-one County districts were entirely free of the disease.

Fifty-nine of the cases were confirmed as paralytic and 24 as non-paralytic. The ratio of paralytic to non-paralytic cases was, therefore, at 2.5 : 1, considerably lower than that recorded in 1950 when the 125 paralytic cases out of a total of 160 gave a ratio of 3.6 : 1.

The deaths assigned in 1951 to the Administrative County numbered 10, or eight less than in 1950, and were equivalent to a mortality rate of 0.005 per 1,000 of the estimated home population.

Throughout 1951 the procedure was continued whereby, as a routine, details of each case of acute poliomyelitis were obtained with a view to gaining some knowledge of the subsequent history of the case, and particularly of the effect functionally of the disease upon the individual. From the particulars obtained it would appear that eight of the 59 cases notified as paralytic died, giving a case fatality rate of 13.6 per cent. compared with 10.2 per cent. in 1950. None of the 24 non-paralytic cases died. Twenty-two or 91.7 per cent. of the non-paralytic cases were stated to have recovered completely, the remaining two still suffering from relatively minor residual effects. Of the 51 paralytic cases stated to have recovered, however, only seven or 11.9 per cent. of the total paralytic cases were stated to have no residual paralysis. The remaining 44 cases had weakness or paralysis of muscles of varying degrees of severity though in the majority of cases it was, fortunately, slight. It should be emphasised in this connection that the follow-up of such cases usually covered a period of six to twelve months after the date of onset of the disease and that full recovery might well occur in some of them at a later period. It is, unfortunately, impracticable to continue the investigations indefinitely.

The table below classifies by sex and certain age groups the case incidence and mortality from the disease in 1951 and each of the three preceding years:—

Age group	Cases												Deaths											
	1948			1949			1950			1951			1948			1949			1950			1951		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	2	2	4	4	4	8	6	4	10	1	—	1	—	—	—	1	1	—	2	2	—	—	—	—
1—	12	11	23	41	37	78	33	34	67	19	10	29	1	—	1	2	3	5	1	—	1	2	—	2
5—	7	4	11	50	34	84	24	16	40	12	13	25	1	1	2	4	2	6	—	1	1	2	1	3
15—	9	12	21	38	27	65	29	14	43	16	12	28	4	3	7	13	9	22	8	6	14	4	1	5
All ages	30	29	59	133	102	235	92	68	160	48	35	83	6	4	10	19	15	34	9	9	18	8	2	10

It will be apparent from a perusal of the above table that, as a whole, the incidence of acute poliomyelitis was greater amongst males than females. In point of fact, the ratio of males to females has risen during the four years for which figures are given. In 1948 the ratio was 1·03 : 1; in 1949, 1·3 : 1; in 1950, 1·4 : 1; and in 1951 also, 1·4 : 1. Equally apparent is the fact that, continuing the experience of earlier years, mortality was highest amongst persons aged 15 years or more.

The following table gives particulars of the incidence of, and mortality from, acute poliomyelitis (including polioencephalitis) in the Administrative County from the last pre-war year up to and including the year 1951:—

Year	Estimated population	No. of cases notified	Attack rate per 10,000 population	No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.
1938	1,880,600	24	0·13	7	0·04	29·2
1939	1,904,100	34	0·18	7	0·04	20·6
1940	1,900,870	83	0·44	9	0·05	10·8
1941	1,918,320	27	0·14	8	0·04	29·6
1942	1,885,600	25	0·13	8	0·04	32
1943	1,848,650	22	0·12	6	0·03	27·3
1944	1,837,800	13	0·07	2	0·01	15·4
1945	1,832,420	13	0·07	4	0·02	30·8
1946	1,924,880	22	0·11	7	0·04	31·8
1947	1,959,160	375	1·91	36	0·18	9·6
1948	2,007,150	59	0·29	10	0·05	16·9
1949	2,020,720	235	1·16	34	0·17	14·5
1950	2,047,010	160	0·78	18	0·09	11·3
1951	2,039,000	83	0·41	10	0·05	12·0

**Acute Encephalitis.**—In accordance with the new international standard classification of diseases, this nomenclature was brought into general use as from the 1st January, 1950. In effect, it replaced the former heading of encephalitis lethargica but also extended the scope of the clinical conditions to be included under the head of acute encephalitis, at the same time sub-dividing them into “infective” and “post-infectious” cases. Under the former sub-heading are required to be included all cases of encephalitis (excluding polioencephalitis, which now falls within the heading acute poliomyelitis) and some of obscure aetiology, which are presumed to be of microbic or viral origin. Forms of encephalitis occasionally following or associated with certain well-defined infections, such as chickenpox, measles, etc., are included under the sub-heading “post-infectious encephalitis”.

In the Administrative County 20 cases of acute encephalitis were notified during 1951, 14 being classed as infective and six as post-infectious. The resultant attack rate per 1,000 of the estimated home population was 0·010. Fourteen of the cases were children, of whom seven were less than five years of age.

**Scarlet Fever.**—There was a further decline in the incidence of scarlet fever during the year, the notifications numbering 3,063 compared with 3,670 in 1950. The corresponding attack rate was 1·50 per 1,000 of the estimated home population. Unfortunately, following the changes in the Registrar-General’s Short List of Causes of Death it is no longer possible to give the number of deaths ascribed to this cause.

**Typhoid and Paratyphoid Fevers.**—The number of cases of typhoid and paratyphoid fevers notified viz., 116, was the highest since 1941 when 304 notifications were received, and was 104 more than the number for 1950. Seventy of the 109 County districts were, however, entirely free from the disease during 1951.



**Notifications.**—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1951 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR  
THE YEAR ENDED 31ST DECEMBER, 1951, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (exclud- ing rubella)	Acute poliomyelitis		Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis		Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Meningococcal infection	Food poisoning	
				Paralytic	Non- paralytic							Infective	Post- infectious						
Administrative County																			
1,548	18	2,908	13,461	36	12	M.	All ages	M.	1,098	605	—	8	3	7	40	142	32	45	
1,515	20	3,097	13,000	23	12	F.		F.	930	690	—	6	3	6	63	163	33	59	
3,063	38	6,005	26,461	59	24	T.		T.	2,028	1,295	—	14	6	13	103	305	65	104	
3	—	269	505	1	—	M.	0—												
—	—	251	497	—	—	F.		F.											
3	—	520	1,002	1	—	T.		T.											
127	2	837	3,370	12	—	M.	1—	M.	172	260	—	2	2	—	11	2	18	11	
96	1	827	3,099	3	—	F.		F.	110	211	—	2	1	—	21	—	22	7	
223	3	1,664	6,469	15	—	T.		T.	282	471	—	4	3	—	32	2	40	18	
375	4	1,039	4,851	6	1	M.	3—												
372	3	1,161	4,761	6	1	F.		F.											
747	7	2,200	9,612	12	2	T.		T.											
745	6	699	4,446	5	3	M.	5—												
794	6	765	4,303	7	4	F.		F.											
1,539	12	1,464	8,749	12	7	T.		T.	M.	85	150	—	3	1	—	19	3	6	10
								F.	68	124	—	2	1	—	18	5	4	13	
147	2	46	151	1	3	M.	10—	T.	153	274	—	5	2	—	37	8	10	23	
185	—	27	186	—	2	F.		F.											
332	2	73	337	1	5	T.		T.											
131	3	8	73	2	2	M.	15—												
45	6	15	79	4	2	F.		F.	M.	247	115	—	2	—	4	9	29	4	12
176	9	23	152	6	4	T.		T.	F.	196	207	—	2	1	2	20	34	2	21
							25—	T.	443	322	—	4	1	6	29	63	6	33	
19	1	7	53	9	3	M.	45—	M.	330	59	—	1	—	3	1	76	4	12	
21	4	47	62	3	3	F.		F.	F.	254	92	—	—	—	3	3	78	3	10
40	5	54	115	12	6	T.		T.	T.	584	151	—	1	—	6	4	154	7	22
							65—												
								M.	262	20	—	—	—	—	—	—	31	—	—
								F.	301	54	—	—	—	1	1	45	2	8	
								T.	563	74	—	—	—	1	1	76	2	8	
1	—	3	12	—	—	M.	Un- known	M.	2	1	—	—	—	—	—	1	—	—	
2	—	4	13	—	—	F.		F.	F.	1	2	—	—	—	—	1	—	—	
3	—	7	25	—	—	T.		T.	T.	3	3	—	—	—	—	2	—	—	

*Other Diseases*

	Puerperal pyrexia	Ophthalmia neonatorum			* Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County	143	16	8	24	114	96	210

\* Notifiable in four districts only.

Below, comparison is made of the number of notifications of some of the principal infectious diseases during 1951 and the preceding 10 years:—

Infectious disease	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Typhoid and paratyphoid fevers.....	304	38	25	32	28	48	23	30	71	12	116
Scarlet fever .....	3,583	4,786	6,710	5,903	4,453	2,794	2,996	5,287	5,092	3,670	3,063
Whooping cough.....	7,927	2,334	5,386	3,897	2,874	4,348	3,716	6,404	5,195	8,295	6,005
Diphtheria .....	3,354	2,169	1,760	1,468	1,137	654	327	202	84	43	38
Erysipelas .....	574	589	515	521	475	408	349	437	398	363	305
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—
Measles (excluding rubella) .....	11,166	18,267	14,353	13,599	13,883	9,100	22,377	21,605	15,685	17,636	26,461
Acute pneumonia (primary and influenzal)	2,235	1,874	2,558	1,729	1,570	1,661	1,418	1,356	1,473	1,213	2,028
Puerperal pyrexia .....	246	284	248	217	139	168	163	123	83	93	*143
Ac. poliomyelitis (including polio- encephalitis) .....	27	25	22	13	13	22	375	59	235	160	83

\* See observations on Puerperal Pyrexia Regulations, 1951, on page 120.

The most noteworthy features of the above statement are the remarkable fall in the number of cases of diphtheria, and the gradual reduction in the incidence of erysipelas and, until the operation of the Puerperal Pyrexia Regulations, 1951, of puerperal pyrexia.

**Death-rates from Certain Infectious Diseases.**—The table below gives for the last 20 years the death-rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1939-45 relate to civilians only:—

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1932	1,802,800	nil	nil	115	0.064	113	0.063	136	0.075	8	0.004	—	—
1933	1,807,800	nil	nil	109	0.060	89	0.049	59	0.033	23	0.013	—	—
1934	1,809,597	nil	nil	160	0.088	57	0.031	123	0.068	7	0.004	—	—
1935	1,821,100	nil	nil	155	0.085	46	0.025	80	0.044	3	0.002	—	—
1936	1,842,900	nil	nil	179	0.097	81	0.044	93	0.050	2	0.001	—	—
1937	1,859,200	nil	nil	153	0.082	70	0.038	25	0.013	1	0.001	—	—
1938	1,880,600	nil	nil	208	0.111	39	0.021	100	0.053	7	0.004	—	—
1939	1,904,100	nil	nil	157	0.082	58	0.030	4	0.002	7	0.004	—	—
1940	1,900,870	nil	nil	137	0.072	45	0.024	49	0.026	9	0.005	—	—
1941	1,918,320	nil	nil	183	0.095	129	0.067	38	0.020	8	0.004	—	—
1942	1,885,600	nil	nil	105	0.056	20	0.011	27	0.014	8	0.004	—	—
1943	1,848,650	nil	nil	69	0.037	69	0.037	26	0.014	6	0.003	—	—
1944	1,837,800	nil	nil	68	0.037	35	0.019	22	0.012	2	0.001	—	—
1945	1,832,420	nil	nil	52	0.028	29	0.016	23	0.013	4	0.002	—	—
1946	1,924,880	nil	nil	25	0.013	43	0.022	9	0.005	7	0.004	—	—
1947	1,959,160	nil	nil	12	0.006	32	0.016	30	0.015	36	0.018	—	—
1948	2,007,150	nil	nil	11	0.005	39	0.019	26	0.013	10	0.005	—	—
1949	2,020,720	nil	nil	5	0.002	30	0.015	14	0.007	34	0.017	—	—
1950	2,047,010	nil	nil	6	0.003	21	0.010	6	0.003	18	0.009	16	0.008
1951	2,039,000	nil	nil	1	0.000	17	0.008	15	0.007	10	0.005	12	0.006

\* This nomenclature was first introduced in 1950 and comparative figures for previous years are not available.



**Tuberculosis.—INCIDENCE.**—Under the Public Health (Tuberculosis) Regulations, 1930, district medical officers of health forwarded throughout 1951 weekly returns of all notifications received and these, after correction by the exclusion of duplicates, were classified both as regards the parts of the body affected and in age periods, the totals for the year being analysed in Table 26, page 176, and Table 27, page 177.

The number of respiratory cases notified during 1951 was 1,838, an increase of 341 or 22·8 per cent. over the figure for the previous year and the highest total recorded since 1925. The respiratory case rate was 0·90 per 1,000 of the estimated home population as compared with 0·73 for the year 1950.

Non-respiratory notifications during 1951 numbered 396, a decrease of five compared with those for the previous year. The case rate per 1,000 of the estimated home population was 0·19. Both notifications and case rate were, for the third successive year, the lowest ever recorded in the Administrative County area.

The number of notifications of all forms of tuberculosis in 1951 was 2,234, corresponding to a case rate of 1·10 per 1,000 of the estimated home population.

The following table shows the new cases of tuberculosis notified in the Administrative County each year since 1913, when the official tuberculosis service began, together with the case rates per 1,000 of the estimated population. It will be seen that, whilst the respiratory case rate reached its nadir in the years 1938 and 1939 and has since shown fairly wide fluctuations above this point, the case rate for non-respiratory tuberculosis still continues to decline.

Year	Notifications			Case rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1·54	0·90	2·45
1914	2,820	1,140	3,960	1·61	0·65	2·26
1915	2,872	1,128	4,000	1·64	0·64	2·28
1916	2,689	1,180	3,869	1·52	0·66	2·19
1917	2,375	1,062	3,437	1·35	0·60	1·96
1918	2,534	885	3,419	1·47	0·51	1·98
1919	2,105	847	2,952	1·21	0·48	1·70
1920	2,084	968	3,052	1·20	0·55	1·76
1921	2,044	899	2,943	1·16	0·51	1·67
1922	1,863	956	2,189	1·05	0·54	1·59
1923	1,937	1,188	3,125	1·09	0·66	1·75
1924	1,972	1,120	3,092	1·10	0·62	1·73
1925	1,846	1,027	2,873	1·03	0·57	1·60
1926	1,828	953	2,781	1·02	0·53	1·55
1927	1,794	1,045	2,839	0·99	0·58	1·57
1928	1,660	956	2,616	0·91	0·52	1·44
1929	1,517	913	2,430	0·83	0·50	1·34
1930	1,527	982	2,509	0·84	0·54	1·38
1931	1,460	862	2,322	0·80	0·47	1·28
1932	1,477	825	2,302	0·81	0·45	1·27
1933	1,453	780	2,233	0·80	0·43	1·23
1934	1,315	774	2,089	0·72	0·42	1·15
1935	1,305	672	1,977	0·71	0·36	1·08
1936	1,248	722	1,970	0·67	0·39	1·06
1937	1,314	745	2,059	0·70	0·40	1·10
1938	1,227	805	2,032	0·65	0·42	1·08
1939	1,252	757	2,009	0·65	0·39	1·05
1940	1,340	715	2,055	0·70	0·37	1·08
1941	1,414	732	2,146	0·73	0·38	1·11
1942	1,447	766	2,213	0·76	0·40	1·17
1943	1,456	778	2,234	0·78	0·42	1·20
1944	1,512	665	2,177	0·82	0·36	1·18
1945	1,511	641	2,152	0·82	0·34	1·17
1946	1,663	537	2,200	0·86	0·27	1·14
1947	1,394	519	1,913	0·71	0·26	0·97
1948	1,522	551	2,073	0·75	0·27	1·02
1949	1,613	466	2,079	0·80	0·23	1·03
1950	1,497	401	1,898	0·73	0·20	0·93
1951	1,838	396	2,234	0·90	0·19	1·10

Notifications in age groups.—The following tables give in certain specified age groups, the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1951, after correction for subsequent changes in diagnosis. For comparative purposes the figures for the preceding ten years are given:—

YEAR	SEX	RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1941	M.	—	5	8	9	74	93	200	178	132	83	25	807	1,414	
	F.	3	7	5	14	111	140	166	75	51	20	15	607		
1942	M.	—	5	5	14	68	95	178	200	147	103	31	846	1,447	
	F.	—	2	2	16	105	131	176	80	38	39	12	601		
1943	M.	2	7	9	2	71	103	182	194	162	102	33	867	1,456	
	F.	—	6	4	10	82	139	172	71	51	37	17	589		
1944	M.	2	5	17	19	71	108	175	164	156	106	40	863	1,512	
	F.	1	10	7	12	83	174	200	79	51	17	15	649		
1945	M.	—	12	14	7	56	99	197	181	146	113	39	864	1,511	
	F.	1	9	10	11	79	165	200	82	36	35	19	647		
1946	M.	1	9	16	16	57	141	243	168	172	121	36	980	1,663	
	F.	1	9	10	14	91	163	201	99	48	28	19	683		
1947	M.	5	11	18	13	65	106	183	131	142	90	41	805	1,394	
	F.	2	10	21	12	99	129	163	79	37	19	18	589		
1948	M.	2	17	19	11	59	85	190	136	150	116	49	834	1,522	
	F.	4	14	8	31	102	131	198	90	49	40	21	688		
1949	M.	2	13	25	18	57	107	179	148	168	143	67	927	1,613	
	F.	3	18	17	20	101	147	196	100	37	25	22	686		
1950	M.	4	28	16	26	53	84	181	126	162	116	46	842	1,497	
	F.	—	19	21	26	79	138	191	82	49	31	19	655		
1951	M.	4	36	34	12	73	107	208	184	184	151	55	1,048	1,838	
	F.	5	30	27	25	97	174	226	90	60	40	16	790		

YEAR	SEX	NON-RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1941	M.	8	68	97	35	44	18	41	22	11	12	4	360	732	
	F.	5	65	76	41	30	36	56	30	16	12	5	372		
1942	M.	5	73	67	38	33	28	28	36	17	7	7	339	766	
	F.	1	68	81	55	41	47	54	38	20	13	9	427		
1943	M.	2	78	98	54	37	20	35	24	11	4	3	366	778	
	F.	5	51	87	58	58	51	48	26	8	13	7	412		
1944	M.	4	64	76	58	21	18	33	20	14	13	8	329	665	
	F.	1	43	74	40	34	29	55	35	8	10	7	336		
1945	M.	2	58	85	43	26	12	26	27	12	8	7	306	641	
	F.	3	49	69	44	32	34	46	26	17	10	5	335		
1946	M.	1	56	54	32	27	16	25	17	9	13	3	253	537	
	F.	3	43	50	43	37	33	31	23	15	4	2	284		
1947	M.	1	54	52	43	13	20	26	16	13	4	4	246	519	
	F.	3	48	56	29	25	26	36	18	15	5	12	273		
1948	M.	4	63	70	29	22	22	26	13	13	6	8	276	551	
	F.	5	35	57	49	26	31	22	34	5	6	5	275		
1949	M.	2	39	43	29	27	14	22	14	13	6	—	209	466	
	F.	2	37	65	22	34	25	38	18	10	5	1	257		
1950	M.	2	38	48	22	19	9	20	14	8	8	—	188	401	
	F.	2	31	33	25	27	16	31	21	13	9	5	213		
1951	M.	4	30	42	24	14	17	23	11	8	8	5	186	396	
	F.	1	21	41	33	25	18	22	19	17	4	9	210		



MORTALITY.—The number of deaths during 1951 ascribed to respiratory tuberculosis was 529, or 44 less than in the preceding year. The resultant death-rate per 1,000 of the estimated home population was 0·26—the lowest rate ever recorded in the County statistics. The previous lowest, that for 1950, was 0·28 per 1,000. Thus, whilst notifications of new cases of respiratory tuberculosis have shown a slight tendency to increase during recent years, the mortality rate from this cause continues to decline. The corresponding provisional rate for England and Wales in 1951 was 0·28 per 1,000.

Non-respiratory tuberculosis accounted for 85 deaths during 1951, a decrease of eight as compared with the figure for the previous year. The resultant mortality rate was 0·04 per 1,000 of the estimated home population—also the lowest on record for the Administrative County area.

Below, comparison is made of the number of deaths from tuberculosis registered in 1951 and the equivalent death-rates with the averages of those for the preceding five years, 1946-50:—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population
Mean of 5 years, 1946-50 .....	690	0·35	126	0·06	816	0·41
Year 1951 .....	529	0·26	85	0·04	614	0·30
Decrease in 1951 .....	161	0·09	41	0·02	202	0·11

The table below gives the death-rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1951 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales:—

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1941 .....	0·46	0·27	0·43	0·60
1942 .....	0·43	0·26	0·41	0·54
1943 .....	0·43	0·29	0·41	0·56
1944 .....	0·44	0·28	0·42	0·52
1945 .....	0·40	0·28	0·38	0·52
1946 .....	0·40	0·32	0·39	0·47
1947 .....	0·40	0·28	0·38	0·47
1948 .....	0·35	0·24	0·34	0·44
1949 .....	0·35	0·25	0·34	0·40
1950 .....	0·29	0·21	0·28	0·32
1951 .....	0·27	0·18	0·26	* 0·28

\* Provisional figure.

It will be noted that the rate for the Administrative County is consistently lower than that for the country as a whole.

The table below shows the numbers of deaths registered and the death-rates recorded during the years 1913 to 1951 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0·82	0·30	1·12
1914	1,523	572	2,095	0·87	0·32	1·19
1915	1,614	555	2,169	0·96	0·34	1·30
1916	1,685	471	2,156	1·04	0·29	1·33
1917	1,584	466	2,050	1·00	0·30	1·30
1918	1,652	435	2,087	1·07	0·28	1·35
1919	1,339	358	1,697	0·80	0·22	1·02
1920	1,323	396	1,719	0·76	0·23	0·99
1921	1,301	376	1,677	0·73	0·21	0·95
1922	1,362	389	1,751	0·77	0·22	0·99
1923	1,250	412	1,662	0·70	0·23	0·93
1924	1,215	339	1,554	0·68	0·19	0·87
1925	1,205	361	1,566	0·67	0·20	0·87
1926	1,158	286	1,444	0·64	0·16	0·80
1927	1,105	296	1,401	0·61	0·16	0·77
1928	1,066	287	1,353	0·58	0·15	0·74
1929	1,102	279	1,381	0·60	0·15	0·76
1930	1,046	253	1,299	0·57	0·14	0·71
1931	1,021	266	1,287	0·56	0·14	0·71
1932	975	238	1,213	0·54	0·13	0·67
1933	1,010	232	1,242	0·55	0·12	0·68
1934	848	231	1,079	0·46	0·12	0·59
1935	855	189	1,044	0·46	0·10	0·57
1936	856	192	1,048	0·46	0·10	0·56
1937	865	198	1,063	0·46	0·10	0·57
1938	802	177	979	0·42	0·09	0·52
1939	814	195	1,009	0·42	0·10	0·52
1940	876	188	1,064	0·46	0·09	0·55
1941	838	221	1,059	0·43	0·11	0·55
1942	776	196	972	0·41	0·10	0·51
1943	765	177	942	0·41	0·09	0·50
1944	773	182	955	0·42	0·09	0·51
1945	709	161	870	0·38	0·08	0·47
1946	751	154	905	0·39	0·08	0·47
1947	761	136	897	0·38	0·06	0·45
1948	688	126	814	0·34	0·06	0·40
1949	678	122	800	0·34	0·06	0·40
1950	573	93	666	0·28	0·05	0·33
1951	529	85	614	0·26	0·04	0·30

The following tables show the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County during 1951 and the preceding ten years, analysed according to sex and age:—

*Deaths from Respiratory Tuberculosis*

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1941	474	364	—	2	2	2	2	7	253	273	186	62	31	18
1942	442	334	1	—	1	4	1	4	242	241	167	72	30	13
1943	481	284	3	1	1	3	—	7	232	214	202	50	43	9
1944	459	314	1	1	3	3	1	3	203	249	208	41	43	17
1945	436	273	1	—	2	2	5	6	192	207	185	39	51	19
1946	462	289	—	3	3	—	4	5	211	220	192	46	52	15
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31
1948	394	294	1	3	3	2	4	5	162	214	174	43	50	27
1949	417	261	2	—	2	—	—	4	152	185	204	57	57	15
1950	350	223	—	1	1	1	—	1	116	147	186	51	47	22
1951	338	191	—	1	—	—	2	1	111	113	161	55	64	21

*Deaths from Non-respiratory Tuberculosis*

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1941	114	107	8	8	24	36	13	12	48	38	19	12	2	1
1942	94	102	7	3	22	29	15	10	36	45	12	15	2	—
1943	89	88	5	5	25	21	19	8	26	39	11	8	3	7
1944	106	76	11	1	31	23	12	10	34	31	13	5	5	6
1945	75	86	7	3	22	24	19	17	15	26	8	11	4	5
1946	82	72	1	3	32	14	10	14	22	25	11	12	6	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2
1948	57	69	2	7	11	21	12	7	15	20	11	7	6	7
1949	65	57	1	2	21	8	6	6	22	28	12	9	3	4
1950	51	42	3	2	12	12	4	3	15	16	12	7	5	2
1951	41	44	1	1	12	14	7	6	12	12	7	10	2	1



Particulars of mortality from respiratory tuberculosis and from other forms of tuberculosis assignable to each County district during 1951 are given in Table 28, pages 178 to 180.

*Non-notified fatal cases.*—The total number of deaths from all forms of tuberculosis in 1951 (corrected for transfers) which escaped statutory notification as tuberculosis cases during life (i.e., non-notified fatal cases) was 92, or 14·98 per cent. of the total deaths from tuberculosis. In 1950 the figures were 120 and 18·02 per cent. respectively, whilst in 1949 they were 106 and 13·25 per cent. Thus, whilst there was an improvement during the year under report, the number of cases still escaping notification represents a state of affairs which cannot be considered satisfactory. Reference to this problem and its difficulties is made in the section "Prevention of Illness, Care and After-care" on page 63.

Of the 92 non-notified fatal cases belonging to the Administrative County in 1951, 64 were of respiratory tuberculosis and formed 12·10 per cent. of the total deaths from tuberculosis of the respiratory system, a decrease of 21 and 2·73 per cent. respectively over the figures for the previous year.

Deaths from non-respiratory tuberculosis during 1951 which escaped notification during life numbered 28, or 32·94 per cent. of the total non-respiratory deaths. In 1950 the figures were 35 and 37·63 per cent. respectively.

**Disinfection.**—The following statement, showing the position of the County districts in regard to the provision of apparatus for disinfecting clothing, bedding, etc., after infectious disease is prepared from information supplied by local medical officers of health:—

Districts using steam apparatus at hospital	.....	.....	.....	.....	.....	21
„ provided with steam apparatus	.....	.....	.....	.....	.....	30
„ using steam apparatus belonging to other districts (mainly County or Municipal Boroughs)	.....	.....	.....	.....	.....	37
„ provided with dry heat apparatus or gas	.....	.....	.....	.....	.....	1
„ without proper appliances	.....	.....	.....	.....	.....	20

The number of houses disinfected during 1951 following the occurrence of infectious disease was 4,190, the method employed being chiefly the use of formaldehyde and formalin sprays and vapours.

## SHOPS ACT, 1950

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The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act in the Administrative County area, except in the 26 municipal boroughs and seven urban districts which had a population of more than 20,000 at the time of the Census, 1931.

The power to make closing, half-holiday, and other orders conferred on the County Council has, in 27 instances, been delegated to Urban District Councils, the County Council retaining in these districts the right of enforcement.

Arrangements have been made with 72 District Councils in the Administrative County Shops Act area, whereby certain of the inspectorial duties assigned to the County Council are undertaken by the Sanitary Inspectors of those Councils in their respective areas. These duties include the provisions of the Act relative to:—

- (a) The hours of employment of young persons.
- (b) Inspection of records and notices.
- (c) Means of lighting, washing facilities, and facilities for meals.
- (d) Seats for female shop assistants.

In the four remaining districts the duties are undertaken by the County Inspector of Shops.

In respect of the inspections so carried out by District Sanitary Inspectors, the County Council paid County District Councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1951, inspection reports received under this scheme numbered 11,509. In addition, 352 inspections were carried out by the County Inspector of Shops in the four remaining districts referred to, i.e., Brierfield and Carnforth urban districts and the Blackburn and Lancaster rural districts. As a result of complaints received from various Traders' Associations, 210 investigations were undertaken by the County Inspector in regard to such matters as alleged trading after hours both in shops and on the street, the enforcement of the weekly half-holiday, and Sunday trading.

The County Council are empowered to extend, by order, the general closing hours of shops during the winter months up to 8.0 p.m. on the "late day" and one other day, and 7.0 p.m. on other days of the week. The period of such winter closing hours begins on the first Sunday in November and ends on the day before the first Sunday in March.

As in previous years District Councils in the Administrative County Shops Act area were invited to state whether in their respective districts any variation in the general closing hours of shops during the winter months was required. As a result the County Council made winter closing hour orders relative to 52 districts and also in 11 districts in respect of the trade of barber or hairdresser.

In accordance with the wishes of the various District Councils, Orders fixing Friday as the "late day" for the general closing hours of shops were made in respect of the following districts—Carnforth, Failsworth, Golborne, Haydock, Kearsley, Lees, Longridge, Orrell, Poulton-le-Fylde and Standish-with-Langtree Urban Districts, and Blackburn, Burnley, Clitheroe, Preston and Whiston Rural Districts. An order of exemption was granted to the Great Harwood Industrial Co-operative Society, Ltd., in respect of an Exhibition of "Co-operative Productions".

No legal proceedings were instituted during the year under report, but 456 persons were cautioned in respect of minor offences under the Act.



TABLES, ETC.

# ADMINISTRATIVE COUNTY OF LANCASTER

## BIRTH AND DEATH RATES, 1889-1951

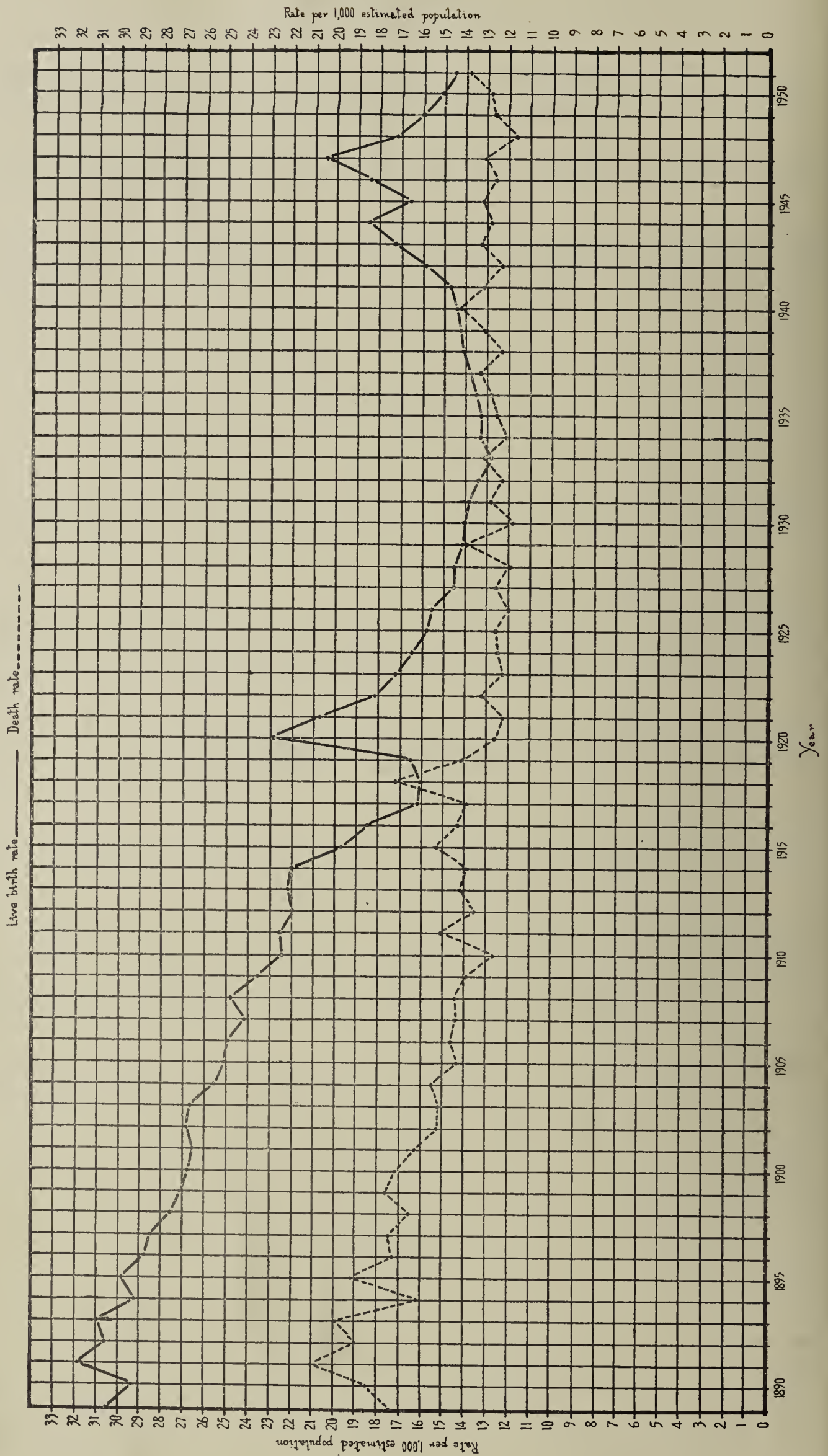




TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1951.

YEAR	CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889	30.5	31.8	29.6	17.5	18.4	16.6	160	161	125
1890	29.3	29.7	28.1	18.5	18.9	16.6	152	158	126
1891	31.93	32.45	29.48	21.09	21.70	18.19	157	160	139
1892	30.70	31.11	28.01	19.00	19.34	17.31	150	155	124
1893	30.95	31.35	28.94	19.97	20.37	17.94	177	183	145
1894	29.19	29.49	27.70	16.16	16.42	14.87	134	138	109
Average 6 years, 1889-1894	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895	29.82	30.23	27.57	19.16	19.63	16.57	171	178	127
1896	28.73	29.11	26.62	17.38	17.76	15.25	155	161	121
1897	28.45	28.65	27.29	17.48	17.82	15.55	169	174	138
1898	27.62	27.89	25.80	16.58	16.80	15.09	168	173	130
1899	27.09	27.31	25.53	17.60	17.88	15.65	175	181	134
Average 5 years, 1895-1899	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
Average 5 years, 1900-1904	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909	23.57	23.67	22.91	13.96	14.08	13.11	115	119	87
Average 5 years, 1905-1909	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
Average 5 years, 1910-1914	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
Average 5 years, 1915-1919	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
Average 5 years, 1920-1924	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
Average 5 years, 1925-1929	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
Average 5 years, 1930-1934	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
Average 5 years, 1935-1939	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
Average 5 years, 1940-1944	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
Average 5 years, 1945-1949	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951	14.62	14.79	13.62	13.86	14.23	11.82	29	29	31

TABLE 2--AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1951.  
(For Causes of Death, see Table 3, pp. 142-146)

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS			I.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
				L.—Legitimate			LIVE BIRTHS				STILLBIRTHS			Number registered			Deaths of infants under one year L.—Legitimate			Deaths of infants under four weeks L.—Legitimate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				Number registered			Live birthrate per 1,000 pop'n			Number registered			Still-birth rate per 1,000 <i>total</i> births	M.			Crude rate	*Ad-justed rate	Rate per 1,000 live births	M.	F.		Both sexes	Total leg. and illeg.	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes		Total No. of still-births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1951																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				

\* The adjusted rates are based on "comparability factors" supplied by the Registrar-General. For explanation see pages 15 and 17, and for the district "factors" see pages 182 to 204.



TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY									
				L.—Legitimate		I.—Illegitimate		Number registered		Death-rate per 1,000 population		Deaths of infants under one year L.—Legitimate				Deaths of infants under four weeks L.—Legitimate													
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1951	LIVE BIRTHS			STILLBIRTHS			M.	F.	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births					
M.	F.			Both sexes	Total No. of live births	*Ad-justed rate	M.	F.	Both sexes																Total No. of still-births	Still-birth rate per 1,000 total births			
Church	528	5,199	5,283	L. 57	L. 38	95	99	18.7	18.5	L. 1	—	1	1	2	47	52	99	18.7	17.8	L. 1	—	1	2	2	20	—	—	—	nil
Clayton-le-Moors	1,060	6,823	6,830	L. 40	L. 50	90	95	13.9	13.9	L. 1	1	2	3	5	42	63	105	15.4	15.1	L. 3	3	2	5	5	42	—	—	—	nil
Clitheroe (B)	2,386	12,057	12,010	L. 75	L. 76	151	159	13.2	14.4	L. 3	4	7	7	1	86	98	184	15.3	13.0	L. 4	1	1	5	6	31	1	1	—	6.02
Colne (B)	5,939	20,674	20,520	L. 137	L. 127	264	287	14.0	14.5	L. 5	1	6	6	2	174	172	346	16.9	15.3	L. 2	5	1	7	8	17	—	—	—	nil
Crompton	2,865	12,558	12,560	L. 78	L. 84	162	166	13.2	13.2	L. 1	1	2	2	5	99	108	207	16.5	16.3	L. 2	3	3	5	5	18	1	—	—	5.95
Crosby (B)	4,772	58,362	58,580	L. 411	L. 410	821	863	14.7	15.2	L. 11	11	22	24	2	437	403	840	14.3	13.5	L. 14	15	1	29	30	27	—	—	—	nil
Dalton-in-Furness	8,022	10,394	10,290	L. 76	L. 76	152	161	15.6	16.9	L. 2	1	3	4	1	96	74	170	16.5	16.0	L. 6	2	1	8	9	31	—	—	—	nil
Darwen (B)	5,959	30,827	30,650	L. 227	L. 205	432	449	14.6	15.5	L. 4	8	12	13	2	297	274	571	18.6	16.4	L. 8	2	2	10	11	16	—	—	—	nil
Denton	2,593	25,612	25,550	L. 175	L. 167	342	354	13.9	13.2	L. 6	3	9	12	3	167	167	334	13.1	14.1	L. 6	8	1	14	15	31	—	—	—	nil
Droylsden	1,010	26,365	26,320	L. 184	L. 179	363	375	14.2	12.8	L. 2	3	5	6	1	141	153	294	11.2	13.9	L. 6	3	3	9	10	16	—	—	—	nil
Eccles (B)	3,417	43,927	43,700	L. 297	L. 292	589	619	14.2	14.2	L. 14	9	23	24	1	299	304	603	13.8	14.2	L. 7	9	1	16	18	18	—	—	—	nil
Fallsworth	1,073	18,033	18,020	L. 134	L. 154	288	298	16.5	15.2	L. 3	4	7	7	—	112	114	226	12.5	14.0	L. 2	1	1	3	3	10	—	—	—	nil
Farnworth (B)	1,504	28,614	28,030	L. 204	L. 213	417	433	15.4	15.4	L. 5	5	10	11	1	201	208	409	14.6	14.7	L. 7	7	1	14	14	21	—	—	—	nil
Fleetwood (B)	2,565	27,525	27,490	L. 234	L. 227	461	472	17.2	18.4	L. 5	7	12	13	—	181	179	360	13.1	16.1	L. 5	11	—	16	16	25	1	—	—	2.06
Formby	5,613	10,429	10,560	L. 60	L. 67	127	130	12.3	13.9	L. 1	—	2	2	—	74	76	150	14.2	13.1	L. 2	1	—	3	3	15	1	—	—	7.58
Fulwood	3,273	13,087	13,330	L. 96	L. 72	168	171	12.8	14.9	L. 1	—	1	1	—	106	92	198	14.9	12.8	L. 3	—	—	3	3	12	—	—	—	nil

\* See note on page 134.

TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY							
				L.—Legitimate		LIVE BIRTHS		Stillbirths		I.—Illegitimate		Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one year		Deaths of infants under four weeks											
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1951	Number registered				Number registered				Total No. of deaths		Death-rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one year		Deaths of infants under four weeks									
				M.	F.	Both sexes	Total No. of live births	Crude rate	•Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.			Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births
Golborne	7,563	16,876	17,050	L. 120 I. 3	138	258	265	15.5	14.5	L. 2 I. 1	7	9	9	33	112	97	209	12.3	14.5	L. 5 I. 1	3	8	8	8	30	L. 4 I. 1	1	5	5	19	3.65
Grange	1,883	3,070	2,774	L. 11 I. 2	12	23	26	9.4	12.6	L. 1 I. 1	1	2	2	71	21	19	40	14.4	8.6	L. 1 I. 1	—	—	—	—	nil	L. 1 I. 1	—	—	—	nil	nil
Great Harwood	2,868	10,738	10,700	L. 67 I. 1	62	129	130	12.1	12.7	L. 1 I. 1	1	1	1	8	97	108	205	19.2	16.1	L. 3 I. 1	1	4	4	4	31	L. 2 I. 1	—	2	2	15	nil
Haslingden (B)	8,203	14,505	14,410	L. 108 I. 3	89	197	204	14.2	15.3	L. 4 I. 1	1	5	6	29	126	128	254	17.6	15.3	L. 1 I. 1	4	4	4	4	20	L. 1 I. 1	—	—	—	nil	nil
Haydock	2,395	11,838	11,760	L. 111 I. 1	93	204	209	17.8	18.1	L. 4 I. 1	1	5	5	23	70	52	122	10.4	12.5	L. 4 I. 1	1	5	5	6	29	L. 4 I. 1	1	4	4	24	nil
Heywood (B)	8,508	25,193	25,150	L. 162 I. 15	185	347	372	14.8	14.9	L. 5 I. 1	4	9	11	29	185	213	398	15.8	16.3	L. 8 I. 1	3	11	11	11	30	L. 4 I. 1	2	6	6	16	nil
Hindley	2,612	19,414	19,320	L. 148 I. 4	130	278	283	14.6	14.3	L. 4 I. 1	3	7	7	24	149	144	293	15.2	16.7	L. 3 I. 1	5	8	8	9	32	L. 2 I. 1	1	3	3	11	3.45
Horwich	3,257	15,552	15,450	L. 111 I. 3	100	211	215	13.9	14.0	L. 2 I. 1	1	3	3	14	118	98	216	14.0	13.6	L. 4 I. 1	1	5	5	5	23	L. 3 I. 1	—	3	3	14	nil
Huyton-with-Roby	3,053	55,783	56,370	L. 500 I. 25	443	943	988	17.5	17.0	L. 16 I. 1	13	29	30	29	245	199	444	7.9	12.4	L. 18 I. 1	14	32	35	35	35	L. 9 I. 1	11	20	22	22	nil
Ince-in-Makerfield	2,320	20,414	20,330	L. 167 I. 1	150	317	321	15.8	15.9	L. 4 I. 1	4	8	8	24	133	106	239	11.8	14.6	L. 4 I. 1	6	10	10	10	31	L. 3 I. 1	2	5	5	16	3.04
Irlam	4,717	15,063	15,030	L. 92 I. 5	90	182	187	12.4	12.2	L. 4 I. 1	1	5	5	26	99	70	169	11.2	13.5	L. 5 I. 1	1	6	6	6	32	L. 3 I. 1	1	4	4	21	nil
Kearsley	1,728	10,675	10,650	L. 78 I. 3	76	154	160	15.0	14.9	L. 1 I. 1	1	2	3	18	95	77	172	16.2	17.1	L. 2 I. 1	1	3	3	3	19	L. 2 I. 1	—	2	2	13	nil
Kirkham	939	6,874	7,388	L. 42 I. 5	40	82	87	11.8	14.9	L. 1 I. 1	1	2	2	22	30	45	75	10.2	14.2	L. 3 I. 1	1	4	4	4	46	L. 2 I. 1	—	2	2	23	nil
Lancaster (B)	4,873	51,650	51,220	L. 352 I. 22	328	680	730	14.3	16.2	L. 9 I. 1	8	17	19	25	312	331	643	12.6	12.4	L. 11 I. 5	11	22	28	28	38	L. 9 I. 4	7	16	21	29	1.34
Lees	288	4,160	4,208	L. 22 I. 1	29	51	52	12.4	12.6	L. 4 I. 1	—	4	4	71	30	44	74	17.6	16.0	L. 2 I. 1	—	2	2	2	38	L. 1 I. 1	—	1	1	19	nil
Leigh (B)	6,359	48,714	48,480	L. 367 I. 12	321	688	712	14.7	14.2	L. 10 I. 1	15	25	26	35	317	301	618	12.7	14.1	L. 13 I. 1	4	17	18	18	25	L. 10 I. 1	2	12	13	18	1.36

• See note on page 134.



TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY							
				L.—Legitimate		LIVE BIRTHS		STILLBIRTHS		Number registered		Still-birth rate per 1,000 total births		Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks									
																		L.—Legitimate				I.—Illegitimate				Rate per 1,000 live births					
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1951	Number registered			Live birth-rate per 1,000 pop'n		Number registered			Total No. of still-births		Total No. of deaths		Crude rate		*Ad-justed rate		M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	
				M.	F.	Both sexes	Total No. of live births	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate													
Leyland	3,804	14,722	14,630	106	117	223	15.5	15.0	4	3	7	83	94	177	12.1	13.8	13.8	30	L.	3	2	5	5	L.	1	1	2	2	9	—	nil
Litherland	818	22,197	22,200	199	188	387	17.8	15.5	1	6	7	132	108	240	10.8	13.3	13.3	17	L.	8	4	12	12	L.	5	3	8	8	20	—	nil
Littleborough	7,855	10,982	10,930	81	70	151	15.0	15.0	1	1	2	99	86	185	16.9	16.4	16.4	18	L.	4	2	6	6	L.	2	—	2	2	12	—	nil
Little Lever	808	4,703	4,704	35	37	72	15.5	15.7	1	—	1	41	34	75	15.9	16.4	16.4	14	L.	1	1	2	2	L.	1	1	2	2	27	—	nil
Longridge	3,285	4,314	4,308	43	42	85	20.0	21.8	—	—	1	30	33	63	14.6	13.6	13.6	11	L.	1	—	1	1	L.	1	—	1	1	12	—	nil
Lytham St. Annes (B)	5,814	30,298	29,980	179	152	331	11.3	12.0	—	—	4	242	311	553	18.4	12.9	12.9	12	L.	9	2	11	11	L.	6	1	7	8	24	—	nil
Middleton (B)	5,172	32,602	32,560	238	266	504	16.1	15.7	3	4	7	233	252	485	14.9	15.2	15.2	15	L.	4	10	14	15	L.	2	9	11	11	21	2	3.77
Milnrow	5,194	8,585	8,557	70	63	133	16.6	16.3	1	2	3	61	62	123	14.4	13.5	13.5	21	L.	3	2	5	5	L.	2	2	4	4	28	—	nil
Morecambe and Heysham (B)	3,794	37,000	36,770	234	165	399	11.6	12.7	12	10	22	358	393	751	20.4	14.9	14.9	49	L.	6	7	13	13	L.	5	7	12	12	28	—	nil
Mossley (B)	3,024	10,415	10,380	71	66	137	14.1	13.9	1	2	3	90	78	168	16.2	15.4	15.4	20	L.	5	3	8	8	L.	3	3	6	6	41	—	nil
Nelson (B)	3,445	34,368	34,240	227	222	449	13.6	14.4	6	4	10	272	308	580	16.9	14.9	14.9	27	L.	4	9	13	13	L.	4	6	10	10	22	1	2.10
Newton-le-Willows	3,105	21,862	21,760	162	171	333	15.9	15.7	5	2	7	139	113	252	11.6	12.5	12.5	23	L.	4	4	8	9	L.	3	1	4	5	14	—	nil
Ormskirk	15,608	20,554	20,920	154	147	301	15.0	15.0	3	2	5	162	163	325	15.5	15.2	15.2	22	L.	9	8	17	18	L.	4	6	10	10	32	—	nil
Orrcll	1,617	9,317	9,317	73	69	142	15.5	15.5	—	—	2	67	49	116	12.5	14.9	14.9	14	L.	1	—	1	1	L.	1	—	1	1	7	—	nil
Oswaldtwistle	4,885	12,133	12,030	85	82	167	14.5	14.9	4	3	7	117	88	205	17.0	15.7	15.7	39	L.	2	1	3	3	L.	1	1	2	2	11	—	nil
Padham	975	10,031	10,000	61	77	138	14.2	14.8	2	4	6	94	85	179	17.9	15.9	15.9	47	L.	1	1	2	2	L.	1	1	1	1	7	—	nil

\* See note on page 134.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		L.—Legitimate		BIRTHS			I.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
					LIVE BIRTHS		Stillbirths		Number registered		Still- birth rate per 1,000 total births		Number registered		Death-rate per 1,000 population		Deaths of infants under one year L.—Legitimate I.—Illegitimate				Deaths of infants under four weeks L.—Legitimate I.—Illegitimate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	Area in statute acres at 31st Dec. 1951	Census, 1951 (Prelim.)	Est. Home, at 30th June, 1951	M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad- justed rate	M.	F.	Both sexes	Total No. of still- births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												

\* See note on page 134.



TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		L.—Legitimate				I.—Illegitimate				DEATHS			INFANT MORTALITY					NEO-NATAL MORTALITY					MATERNAL MORTALITY									
				BIRTHS				STILLBIRTHS							Deaths of infants under one year					Deaths of infants under four weeks														
		LIVE BIRTHS				STILLBIRTHS				Number registered			Death-rate per 1,000 population		Deaths of infants under one year					Deaths of infants under four weeks														
		LIVE BIRTHS				STILLBIRTHS				Number registered			Death-rate per 1,000 population		Deaths of infants under one year					Deaths of infants under four weeks														
		M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	Live birthrate per 1,000 pop'n	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births			
Trawden	6,815	2,114	L. 2,114 I.	18	—	36	36	17.0	19.4	L. I.	—	—	—	—	—	—	16	19	35	16.6	14.6	L. I.	—	—	—	—	—	—	—	—	—	—	—	
Turton	17,334	10,951	L. 10,890 I.	74	59	133	139	12.8	14.0	L. I.	2	—	2	—	—	—	99	89	188	17.3	15.2	L. I.	3	—	3	—	—	—	—	—	—	—	—	—
Tyldesley	5,175	18,096	L. 17,900 I.	128	112	240	249	13.9	13.5	L. I.	5	2	7	—	—	—	148	115	263	14.7	15.9	L. I.	6	5	11	8	—	—	—	—	—	—	—	—
Ulverston	3,196	10,076	L. 9,920 I.	71	65	136	138	13.9	14.6	L. I.	—	2	2	—	—	—	75	80	155	15.6	13.7	L. I.	1	—	1	—	—	—	—	—	—	—	—	—
Upholland	4,686	6,314	L. 6,321 I.	54	47	101	101	16.0	16.0	L. I.	1	—	1	—	—	—	40	31	71	11.2	12.2	L. I.	2	2	4	—	—	—	—	—	—	—	—	—
Urnston	4,799	39,233	L. 38,660 I.	294	286	580	603	15.6	14.5	L. I.	8	6	14	—	—	—	226	219	445	11.5	12.7	L. I.	2	4	6	—	—	—	—	—	—	—	—	—
Walton-le-Dale	4,733	14,711	L. 14,610 I.	122	108	230	237	16.2	15.4	L. I.	2	4	6	—	—	—	105	96	201	13.8	15.0	L. I.	3	2	5	—	—	—	—	—	—	—	—	—
Wardle	3,192	4,893	L. 4,786 I.	30	28	58	63	13.2	12.9	L. I.	—	1	1	—	—	—	22	36	58	12.1	9.3	L. I.	1	—	1	—	—	—	—	—	—	—	—	—
Westhoughton	5,560	15,002	L. 14,900 I.	82	93	175	178	11.9	11.8	L. I.	1	3	4	—	—	—	98	99	197	13.2	13.9	L. I.	2	1	3	—	—	—	—	—	—	—	—	—
Whitefield	3,388	12,912	L. 12,920 I.	82	84	166	168	13.0	12.7	L. I.	5	2	7	—	—	—	81	93	174	13.5	14.4	L. I.	3	—	3	—	—	—	—	—	—	—	—	—
Whitworth	4,483	7,442	L. 7,439 I.	55	53	108	113	15.2	16.3	L. I.	—	—	—	—	—	—	55	61	116	15.6	15.4	L. I.	1	2	3	—	—	—	—	—	—	—	—	—
Widnes (B)	5,746	48,795	L. 48,750 I.	516	434	950	1,001	20.5	20.7	L. I.	12	9	21	—	—	—	296	260	556	11.4	14.4	L. I.	18	16	34	36	—	—	—	—	—	—	—	—
Witnell	4,186	2,923	L. 2,830 I.	19	20	39	40	14.1	13.6	L. I.	—	—	—	—	—	—	29	24	53	18.7	18.0	L. I.	—	1	1	—	—	—	—	—	—	—	—	—
Worsley	7,242	27,363	L. 27,350 I.	178	205	383	394	14.4	15.1	L. I.	4	5	9	—	—	—	211	202	413	15.1	15.6	L. I.	6	1	7	—	—	—	—	—	—	—	—	—
Total Urban Districts	372,638	1,737,038	L. 1,731,000 I.	12,634	11,972	24,606	25,805	14.79	14.94	L. I.	318	310	628	673	673	26	12,477	12,153	24,630	14.23	14.37	L. I.	419	281	700	741	—	—	—	—	—	—	—	—

\* See note on page 134.

TABLE 2—continued.

RURAL DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY											
				L.—Legitimate		I.—Illegitimate		Number registered		Death-rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks																	
		LIVE BIRTHS				STILLBIRTHS				M.		F.		Total No. of deaths		Crude, justed rate		M.		F.		Total leg. and illeg.		Rate per 1,000 live births		No. of deaths					
		Number registered				Live birthrate per 1,000 pop'n				Still-birth rate per 1,000 total births				M.		F.		Total No. of deaths		Crude, justed rate		M.		F.		Total leg. and illeg.		Rate per 1,000 live births		No. of deaths	
		M.	F.	Both sexes	Total No. of births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	Crude, justed rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths		
Blackburn	13,245	13,370	68 3	84 3	152 6	158	11·8	13·8	2 2	4 4	83	83	166	12·4	12·3	12·3	1 1	1 1	4 4	4 4	25	13	—	—	—	—	—	—	—	—	
Burnley	16,761	16,560	87 4	85 6	172 10	182	11·0	12·2	1 1	2 2	124	155	279	16·8	14·3	14·3	1 1	2 2	3 3	3 3	16	5	—	—	—	—	—	—	—	—	
Chorley	27,190	27,150	187 7	182 3	369 10	379	14·0	13·7	5 6	11 11	198	183	381	14·0	14·6	14·6	9 9	3 3	12 12	12 12	32	13	—	—	—	—	—	—	—	—	
Clitheroe	8,661	9,335	59 1	57 1	116 1	117	12·5	16·4	1 1	2 2	39	50	89	9·5	10·5	10·5	1 1	2 2	3 3	3 3	26	17	—	—	—	—	—	—	—	—	
Fylde	16,219	16,540	107 2	121 3	228 5	233	14·1	19·1	2 2	4 4	73	75	148	8·9	10·5	10·5	2 2	5 5	7 7	8 8	34	30	—	—	—	—	—	—	—	—	
Garstang	12,706	12,610	116 1	91 1	207 2	209	16·6	17·7	2 2	7 7	72	100	172	13·6	13·2	13·2	1 1	4 4	5 5	5 5	24	19	—	—	—	—	—	—	—	—	
Lancaster	12,044	11,990	86 6	89 4	175 10	185	15·4	18·0	2 3	5 5	75	89	164	13·7	11·3	11·3	3 3	2 2	5 5	6 6	32	27	—	—	—	—	—	—	—	—	
Linehurst	8,446	8,495	64 3	64 1	128 4	132	15·5	16·5	2 1	3 3	65	54	119	14·0	13·0	13·0	2 2	2 2	4 4	4 4	30	15	—	—	—	—	—	—	—	—	
Lunesdale	7,351	7,258	59 1	60 1	119 2	121	16·7	18·5	1 1	1 1	54	47	101	13·9	12·8	12·8	3 3	—	3 3	3 3	25	17	—	—	—	—	—	—	—	—	
Preston	39,840	39,320	248 12	234 4	482 16	498	12·7	14·6	3 6	9 10	241	232	473	12·0	11·4	11·4	7 7	4 4	11 11	12 12	24	22	—	—	—	—	—	—	—	—	
Ulverston	17,244	16,580	105 4	111 4	216 8	224	13·5	14·7	2 1	3 3	135	136	271	16·3	13·2	13·2	4 4	1 1	5 5	5 5	22	13	—	—	—	—	—	—	—	—	
Warrington	36,835	35,910	266 9	204 8	470 17	487	13·6	16·8	2 5	7 7	129	112	241	6·7	9·4	9·4	11 11	8 8	19 19	19 19	39	18	—	—	—	—	—	—	—	—	
West Lancashire	41,611	41,680	294 7	282 7	576 14	590	14·2	13·4	8 2	10 11	290	236	526	12·6	13·4	13·4	17 17	5 5	22 22	24 24	41	31	—	—	—	—	—	—	—	—	
Whiston	43,053	43,300	297 6	254 7	551 13	564	13·0	13·0	6 1	7 8	217	177	394	9·1	10·4	10·4	10 10	6 6	16 16	18 18	32	23	—	—	—	—	—	—	—	—	

\* See note on page 134.



TABLE 2--continued.

RURAL DISTRICTS	Area in statute acres at 31st Dec. 1951	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY									
				L.—Legitimate		I.—Illegitimate		Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks													
				LIVE BIRTHS		STILLBIRTHS						L.—Legitimate				I.—Illegitimate													
		Census, 1951 (Prelim.)	Est. Home, 30th June, 1951	Number registered				Number registered				*Ad-justed rate	Total No. of deaths	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.			Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths				
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.									Both sexes	Total leg. and illeg.								
Wigan .....	11,696	8,213	7,902	L. 54 I. —	61 2	115 2	117	14.8	14.8	L. 1 I. —	—	1 —	1	8	71	45	116	14.7	14.8	L. 3 I. —	—	3	—	2	—	2	17	—	nil
Total Rural Districts .....	663,775	309,419	308,000	L. 2,097 I. 66	1,979 54	4,076 120	4,196	13.62	14.71	L. 40 I. 2	36 1	76 3	79	18	1,866	1,774	3,640	11.82	12.17	L. 74 I. 5	48 2	122 7	80 6	20	1	0.23			
Total Urban Districts .....	372,638	1,737,038	1,731,000	L. 12,634 I. 497	11,972 502	24,606 999	25,605	14.79	14.94	L. 318 I. 26	310 19	628 45	673	26	12,477	12,153	24,630	14.23	14.37	L. 419 I. 23	281 18	700 41	458 23	19	20	0.76			
Total Administrative County .....	(a) 1,036,413	(a) 2,046,457	(a) 2,039,000	L. 14,731 I. 563	13,951 556	28,682 1,119	29,801	14.62	14.91	L. 358 I. 28	346 20	704 48	752	25	14,343	13,927	28,270	13.86	14.14	L. 493 I. 28	329 20	822 48	538 29	19	21	0.69			

(a) Area and populations of Administrative County as constituted at 31st December, 1951.

\* See note on page 134.

TABLE 3—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1951.

URBAN DISTRICTS		MORTALITY FROM SUBJOINED CAUSES																																						
		Total No. of deaths from all causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Leukaemia, leukæmia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	*Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war			
			Stomach	Lung, bronchus	Breast	Uterus																																		
Abram.....	82	1	—	—	—	—	—	—	—	—	1	1	2	—	5	—	—	7	9	3	15	3	2	2	4	9	1	1	2	2	2	2	—	—	—	8	—	3	2	—
Accrington (B) .....	675	13	2	2	—	1	—	—	—	—	2	17	9	3	51	—	6	82	70	6	167	14	24	27	27	50	1	9	1	9	2	13	4	60	4	10	4	—		
Addington .....	52	1	—	—	—	—	—	—	—	—	—	—	1	2	2	—	—	8	1	1	15	1	3	2	2	5	—	1	—	—	—	4	—	3	1	—	1	1		
Ashton-in-Makerfield .....	244	5	1	1	—	—	—	—	—	—	—	8	1	2	20	—	—	29	15	8	44	7	15	1	1	26	2	2	—	—	4	4	32	4	6	2	1			
Ashton-under-Lyne (B) .....	700	16	4	2	—	—	—	1	1	1	7	22	3	1	55	1	8	95	64	11	178	16	23	28	54	4	5	3	6	5	6	46	7	10	5	—				
Aspull .....	89	—	—	—	—	—	—	—	—	—	—	5	—	3	2	1	—	13	12	—	27	1	1	3	6	1	—	—	—	—	2	—	1	8	1	—	—			
Atherton .....	275	4	—	—	—	—	—	—	—	—	—	10	4	—	25	1	3	26	24	3	48	11	18	12	24	1	2	—	—	4	7	37	—	4	2	—				
Audenshaw.....	164	2	1	1	—	—	—	—	—	—	1	5	3	2	15	1	—	34	17	4	28	4	1	2	2	17	2	—	—	1	2	15	—	1	—	1	—			
Bacup (B) .....	307	3	1	—	—	—	—	—	—	—	1	3	1	3	24	1	2	38	19	4	87	17	7	7	34	3	3	2	4	1	—	26	1	4	5	—				
Barrowford.....	90	2	—	—	—	—	—	—	—	—	—	3	1	2	9	—	—	16	12	4	14	1	2	1	10	—	—	—	—	1	2	7	1	1	—	—				
Billinge and Winstanley .....	74	1	—	—	—	—	—	—	—	—	—	1	—	—	4	—	—	8	6	2	17	1	8	1	5	—	1	—	—	—	2	15	—	—	—	—	—			
Blackrod .....	37	1	—	—	—	—	—	—	—	—	—	2	—	—	4	—	—	4	3	—	13	—	1	2	1	1	—	—	—	—	1	3	—	—	—	—	—			
Brierfield .....	127	2	—	—	—	—	—	—	—	—	—	4	1	—	15	—	3	24	15	5	22	6	7	4	3	1	—	—	1	—	—	—	1	6	—	3	2	—		
Carnforth .....	42	—	—	—	—	—	—	—	—	—	—	1	—	—	7	—	—	6	6	1	6	2	—	—	2	—	—	—	—	—	—	8	—	—	—	—	—			
Chadderton .....	456	14	3	1	—	—	—	—	—	—	1	17	4	4	31	1	5	56	27	14	112	15	20	13	43	2	5	3	1	1	2	40	—	—	4	1	—			
Chorley (B) .....	470	12	—	—	—	—	—	1	—	—	1	15	1	1	35	2	4	74	54	7	83	12	32	11	48	5	2	2	2	—	10	3	35	3	4	3	1			
Church .....	99	3	—	—	—	1	—	—	—	—	—	1	2	—	6	—	2	15	9	3	20	1	6	3	9	—	2	—	—	3	—	7	1	—	2	—				
Clayton-le-Moors .....	105	1	—	—	—	—	—	—	—	—	1	3	—	1	7	—	1	10	5	3	36	—	4	3	9	—	—	—	—	—	3	11	—	—	—	1	1			
Clitheroe (B) .....	184	2	—	—	—	—	—	—	—	—	2	8	2	1	12	—	1	25	20	8	38	7	11	6	9	1	1	1	1	3	2	13	—	2	2	1				
Colne (B) .....	346	9	1	1	—	1	—	—	—	1	—	9	6	2	19	2	1	53	45	8	68	7	17	7	36	1	3	2	3	3	2	23	2	5	4	—				
Crompton .....	207	4	—	1	—	—	—	—	—	—	—	6	6	—	21	—	—	38	12	5	34	10	7	4	29	1	1	—	2	2	1	17	—	3	—	—				
Crosby (B) .....	840	26	1	1	—	1	—	—	—	—	—	19	10	6	59	3	10	112	81	24	167	16	45	38	59	7	5	7	5	7	7	75	9	14	8	—				
Dalton-in-Furness .....	170	3	3	—	—	—	—	—	1	—	2	—	1	—	13	1	—	22	22	—	37	6	5	6	9	1	1	1	1	4	2	23	—	—	1	—				
Darwen (B) .....	571	10	2	—	—	—	—	—	—	—	1	22	6	5	47	2	2	87	43	17	116	32	20	22	44	5	3	1	12	2	—	35	2	10	7	4				

\* See note on page 148.



TABLE 3—continued.

MORTALITY FROM SUBJOINED CAUSES

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																Suicide																									
		Tuberculosis, respiratory, other				Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant and lymphatic neoplasms		Leukaemia, aenkaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	*Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents					
		Tuberculosis, respiratory,	Tuberculosis, other	Syphilitic disease																																							
Denton	334	8	2	1	—	—	—	—	—	—	—	—	2	8	8	3	3	27	2	1	43	36	6	87	8	7	10	21	1	2	2	2	5	2	—	—	—	30	2	5	2		
Droylsden	294	9	—	1	—	—	—	—	—	—	—	—	1	9	10	3	3	19	—	1	38	21	7	41	10	14	10	36	4	1	2	4	2	4	2	—	—	—	36	2	4	5	
Eccles (B)	603	20	1	2	—	—	—	—	—	—	—	—	1	20	16	9	4	49	—	4	72	60	13	94	35	20	23	64	6	3	—	—	12	3	4	4	—	—	—	47	4	10	5
Fallsworth	226	4	1	1	—	—	—	—	—	—	—	—	—	4	7	3	—	17	—	—	21	23	8	50	11	8	8	25	2	1	1	1	7	2	—	—	—	27	—	10	6		
Farnworth (B)	409	14	1	1	—	—	—	—	—	—	—	—	1	16	3	7	3	27	1	1	52	43	15	68	17	15	16	45	2	5	1	1	4	1	4	3	1	—	—	33	3	11	—
Fleetwood (B)	360	13	1	—	—	—	—	—	—	—	—	—	2	7	10	3	5	19	2	3	51	29	6	85	3	18	12	31	1	1	1	1	2	—	1	15	3	2	5	—	—		
Formby	150	2	—	1	—	—	—	—	—	—	—	—	—	5	4	6	1	13	2	1	13	24	2	24	6	10	6	8	2	1	1	1	2	—	2	16	2	1	—	—			
Fulwood	198	2	—	—	—	—	—	—	—	—	—	—	1	4	6	3	—	7	—	2	35	22	10	47	6	13	7	18	2	—	2	3	1	2	3	21	2	1	—	—	—		
Golborne	209	2	2	—	—	—	—	—	—	—	—	—	1	2	1	3	1	19	—	1	22	20	8	41	7	13	7	18	2	—	—	—	—	—	5	—	—	1	1	1	1		
Grange	40	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—	4	1	—	4	3	1	9	2	—	—	—	1	1	—	—	—	2	18	—	—	—	2	—	—		
Great Harwood	205	3	—	—	—	—	—	—	—	—	—	—	1	4	2	—	2	11	—	—	35	11	11	70	2	7	5	11	—	5	—	—	2	1	17	1	1	4	—	—	—		
Haslingden (B)	254	5	1	1	—	—	—	—	—	—	—	—	—	7	3	3	2	16	2	3	32	26	12	72	5	4	8	18	1	1	1	1	4	3	2	14	2	1	1	—	—	—	
Haydock	122	3	—	—	—	—	—	—	—	—	—	—	—	10	2	2	—	6	—	1	13	8	1	27	6	12	3	5	2	—	3	1	7	37	2	6	2	—	—	—	—		
Heywood (B)	398	5	1	2	—	—	—	—	—	—	—	—	—	11	9	5	2	27	1	3	55	29	16	85	16	17	17	33	1	3	5	3	5	3	19	3	7	2	1	—	—		
Hindley	293	5	1	—	—	—	—	—	—	—	—	—	—	7	8	3	2	22	1	3	38	29	14	45	11	20	8	22	3	1	2	5	5	2	21	1	3	1	—	—	—	—	
Horwich	216	1	—	2	—	—	—	—	—	—	—	—	—	6	2	4	1	16	—	2	22	22	4	58	5	5	5	23	1	2	—	—	4	10	2	58	8	11	3	—	—		
Huyton-with-Roby	444	22	3	—	—	1	—	—	—	—	—	—	1	12	10	8	4	35	—	2	42	53	7	57	14	20	17	22	5	4	5	1	2	2	30	1	6	1	—	—	—		
Ince-in-Makerfield	239	5	1	—	—	—	—	—	—	—	—	—	1	8	4	2	2	14	1	1	25	18	7	42	11	8	12	21	2	5	1	—	—	4	1	10	1	5	1	—	—	—	
Irlam	169	4	1	—	—	—	—	—	—	—	—	—	—	11	5	2	—	21	1	1	25	14	3	24	4	7	7	14	—	—	—	—	2	1	17	4	3	1	—	—	—		
Kearsley	172	2	—	—	—	—	—	—	—	—	—	—	—	5	6	4	—	6	—	—	24	12	2	49	6	3	1	20	2	—	—	—	2	1	17	2	1	1	—	—	—	—	
Kirkham	75	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4	1	—	10	4	2	10	7	6	3	1	—	—	—	—	2	1	17	4	9	3	1	—	—	—	
Lancaster (B)	643	19	1	1	—	—	—	—	—	—	—	—	—	21	17	8	7	50	1	3	87	78	11	97	11	48	25	35	13	4	2	1	7	4	73	4	9	3	1	—	—	—	
Lees	74	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	1	4	—	1	9	12	3	10	3	1	5	10	1	—	—	—	—	—	6	—	—	3	—	—	—	—	
Leigh (B)	618	9	5	1	—	—	—	—	—	—	—	—	—	19	9	5	2	61	3	4	75	66	17	98	14	15	24	54	6	3	2	2	10	—	7	79	3	18	7	—	—	—	

See note on page 146.

\* See note on page 146.

TABLE 3—continued.

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																				
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant and lymphatic neoplasms	Leukaemia, leukæmia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	*Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
											Stomach	Lung, bronchus	Breast	Uterus																								
Leyland	177	3	1	—	—	—	1	—	—	1	2	5	5	2	11	—	1	22	14	4	36	4	8	4	23	—	1	1	7	2	—	—	2	14	1	2	—	—
Litherland	240	9	—	1	—	1	1	—	—	1	7	8	3	2	13	—	39	27	17	29	2	12	11	15	5	3	1	1	2	—	—	4	18	1	8	1	—	
Littleborough	185	1	—	2	—	—	—	—	—	—	2	2	—	1	19	2	19	16	7	40	4	7	7	17	1	3	1	1	4	—	—	—	24	—	5	1	—	
Little Lever	75	3	—	—	—	—	—	—	—	—	3	1	—	1	5	—	8	6	1	14	4	2	1	13	1	—	—	—	—	—	—	—	11	—	1	—	—	
Longridge	63	—	—	—	—	—	—	—	—	—	2	—	—	—	1	1	12	4	3	10	2	7	2	6	—	—	1	—	—	—	—	—	12	—	—	—	—	
Lytham St. Annes (B)	553	9	—	—	—	—	1	—	—	1	6	8	8	5	36	1	90	60	14	114	10	33	11	24	5	8	3	16	4	—	—	3	67	5	5	4	—	
Middleton (B)	485	11	2	2	—	—	—	—	—	—	14	14	6	5	43	6	74	52	23	82	14	16	16	29	3	2	—	4	—	2	6	44	5	6	4	—		
Milnrow	123	2	—	—	—	—	—	—	—	—	3	3	1	3	9	—	10	6	7	19	5	3	1	21	—	1	2	3	—	—	—	15	3	4	1	—		
Morecambe & Heysham (B)	751	11	2	1	—	—	3	—	—	—	26	11	12	1	54	10	124	86	15	153	26	32	19	70	8	4	1	10	4	—	4	48	3	6	6	—		
Mossley (B)	168	3	—	1	—	—	—	—	—	—	2	1	2	2	12	1	17	21	14	21	9	11	2	18	2	1	—	—	—	—	3	18	—	5	—	—		
Nelson (B)	580	6	2	2	—	—	—	—	—	—	14	10	8	2	39	1	81	65	23	114	25	17	21	41	9	9	1	14	3	1	1	39	5	14	8	—		
Newton-le-Willows	252	9	—	—	—	—	1	—	—	1	10	2	2	2	11	—	29	25	7	56	13	11	18	11	2	1	—	7	—	—	3	19	1	8	3	—		
Ormskirk	325	7	—	—	—	—	1	—	1	1	10	9	4	3	21	5	37	30	20	63	9	19	10	14	2	—	2	2	2	—	3	39	6	4	1	—		
Orrell	116	1	1	—	—	—	—	1	—	—	5	2	4	2	7	1	13	12	5	16	2	5	3	11	—	—	—	1	1	—	—	19	—	3	1	—		
Oswaldtwistle	205	2	—	1	—	—	—	—	—	—	3	5	3	1	9	2	36	24	6	46	4	12	10	12	4	—	—	—	—	—	1	14	2	3	2	—		
Padiham	179	6	1	1	—	—	—	—	—	—	4	2	2	2	8	1	18	27	6	53	2	7	5	12	—	1	1	2	2	—	—	14	1	—	—	1		
Poulton-le-Fylde	119	1	—	—	—	—	1	—	—	1	8	—	2	—	14	1	18	18	3	19	4	6	—	6	1	3	—	—	1	—	—	9	1	1	1	—		
Preesall	36	1	—	—	—	—	—	—	—	—	—	1	—	—	4	—	4	1	1	13	1	2	—	1	—	—	—	—	—	—	—	6	—	1	—	—		
Prescot	146	4	—	—	—	—	1	—	—	1	8	—	—	2	3	2	15	21	11	21	6	5	4	9	2	3	—	5	1	—	—	21	1	—	1	—		
Prestwich (B)	432	4	—	1	—	—	—	—	—	1	12	9	7	1	45	2	60	63	25	57	22	9	12	39	3	3	2	—	2	—	3	32	1	3	7	—		
Radcliffe (B)	449	3	2	—	—	—	—	—	1	—	7	8	4	3	37	4	7	49	39	7	126	11	12	15	32	1	2	2	7	3	—	5	41	4	9	8	—	
Rainford	53	—	1	—	—	—	—	—	—	—	1	1	—	—	4	—	2	4	1	11	—	5	1	3	1	1	—	1	1	—	2	11	1	1	—	—		
Ramsbottom	248	2	1	—	—	—	—	—	—	—	4	2	4	1	10	2	44	43	8	58	6	2	3	24	2	1	2	5	3	—	—	2	12	2	3	2	—	
Rawtenstall (B)	425	7	1	1	—	—	2	—	1	2	17	6	3	2	29	5	58	44	16	106	13	12	12	32	5	2	1	6	4	—	2	26	2	7	3	—		

\* See note on page 146.



TABLE 3—continued.

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																					
		Tuberculosis, respiratory	Tuberculosis, other	Syphilis disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophy of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
											Stomach	Lung, bronchus	Breast	Uterus																									
Rishton	91	1	—	—	—	—	—	—	—	—	2	—	—	1	8	—	—	7	6	3	17	1	6	3	20	—	4	—	—	—	—	—	9	1	1	—	1		
Royton	225	3	1	3	—	—	—	—	—	—	7	3	2	1	11	1	4	25	21	—	59	5	13	11	21	1	1	1	1	1	2	2	3	2	1	3	2	1	
Skelmersdale	80	1	—	—	—	—	—	—	—	—	1	2	—	—	6	1	2	11	8	—	18	3	1	6	7	1	—	—	—	1	3	1	—	—	6	1	—	—	
Standish-with-Langtree	133	2	—	—	—	1	—	—	—	—	1	2	2	3	11	4	1	16	12	4	29	—	10	4	6	1	—	—	—	—	4	2	—	15	1	2	—	—	
Stretford (B)	702	10	2	4	—	1	—	—	—	2	19	20	9	3	57	2	3	97	100	21	117	38	19	19	46	6	8	5	—	3	1	54	9	13	4	—	—		
Swinton & Pendlebury (B)	548	8	2	3	—	—	—	1	—	—	12	14	6	—	44	2	3	55	67	17	112	34	8	18	61	5	8	—	—	7	2	41	3	6	3	1	—		
Thornton Cleveleys	280	—	—	—	—	—	—	—	—	—	12	4	7	1	17	1	4	30	35	4	79	7	7	10	17	2	1	1	1	3	—	—	27	2	2	2	—	—	
Tottington	110	1	—	1	—	—	—	1	—	—	5	1	1	1	4	—	—	12	13	5	37	6	2	—	6	—	1	—	—	2	—	9	—	1	—	1	—	—	
Trawden	35	1	—	—	—	—	—	—	—	—	1	1	—	1	1	—	1	7	2	—	9	1	2	1	4	—	—	—	—	—	2	—	—	—	1	—	—	—	
Turton	188	—	2	—	—	—	—	—	—	—	6	1	3	2	16	—	—	32	10	6	42	7	5	6	20	1	5	1	1	3	—	—	14	1	3	—	1	—	
Tyldesley	263	4	—	—	—	—	—	1	—	1	4	3	1	1	29	—	—	38	23	4	36	14	13	17	18	5	—	—	—	7	—	31	—	6	1	1	—	—	
Ulverston	155	1	1	2	—	—	—	—	—	—	1	7	3	1	7	—	2	26	15	—	44	3	3	7	6	—	2	2	2	—	—	17	—	2	2	—	—	—	
Upholland	71	—	—	—	—	1	—	—	—	—	—	—	1	—	5	—	1	12	7	—	15	—	8	2	4	2	—	—	—	2	1	9	—	—	1	—	—	—	
Urmston	445	6	1	—	—	—	1	—	—	2	15	19	2	3	23	1	3	58	63	14	88	19	8	13	39	4	2	2	4	2	28	5	6	9	—	—	—	—	
Walton-le-Dale	201	2	1	—	—	—	—	—	—	2	6	5	2	4	12	—	1	23	17	8	30	10	11	7	20	1	2	1	2	1	24	1	4	1	—	—	—	—	
Wardle	58	2	—	—	—	—	—	—	—	—	—	2	1	2	5	1	—	4	3	—	13	1	5	1	5	1	—	—	1	—	6	2	—	—	—	—	—	—	
Westhoughton	197	—	1	1	—	—	—	—	—	—	2	4	—	—	15	1	—	23	26	2	65	4	12	3	8	1	2	—	—	1	—	25	1	—	—	—	—	—	
Whitefield	174	4	—	1	—	1	—	—	1	—	2	2	2	3	17	—	3	14	19	4	30	10	6	8	11	2	2	2	—	—	22	1	1	2	1	—	2	—	—
Whitworth	116	2	—	—	—	—	—	—	—	—	3	1	2	2	7	—	1	14	7	4	19	5	12	4	11	1	1	1	—	—	11	—	—	3	1	—	—	—	
Widnes (B)	556	20	2	—	—	—	—	—	—	3	23	23	5	2	33	2	5	55	41	20	99	20	27	20	38	10	9	7	—	4	3	60	1	10	6	1	—	—	
Withnell	53	1	1	—	—	—	—	—	—	—	—	2	—	—	5	—	3	9	4	—	12	2	2	2	6	—	—	—	—	3	—	1	—	—	—	—	—	—	
Worsley	413	6	1	3	—	—	—	1	—	—	13	3	3	3	27	1	3	61	36	27	101	9	13	8	36	3	3	4	—	2	3	32	2	4	2	—	2	1	
Total Urban Districts	24,630	474	70	55	1	14	9	8	14	58	686	500	283	160	1786	63	184	3233	2497	714	5030	807	1010	802	1976	203	196	101	361	150	20	158	2248	168	374	196	21		

\* See note on page 146.

TABLE 3—continued.

RURAL DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																				
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm,				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	*Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
											Stomach	Lung, bronchus	Breast	Uterus																								
Blackburn .....	166	—	—	—	—	—	1	—	—	—	3	6	4	4	14	—	2	20	11	7	40	4	8	11	7	2	—	1	3	3	—	2	9	1	2	—	1	
Burnley .....	279	5	1	—	—	1	—	—	1	—	8	2	4	5	26	—	4	41	28	7	57	9	8	9	15	2	2	—	—	4	2	4	28	1	5	3	—	—
Chorley .....	381	3	3	2	—	—	—	—	—	—	8	1	6	4	26	—	2	43	49	10	95	15	18	10	16	4	3	4	6	—	3	29	4	6	—	—	—	
Clitheroe .....	89	—	—	—	—	—	—	—	—	1	2	2	1	—	7	—	—	12	10	2	28	3	4	1	6	—	1	1	—	—	—	7	—	—	—	—	—	
Fylde .....	148	2	—	—	—	1	—	—	—	—	3	3	4	1	11	—	2	13	10	3	28	13	7	4	7	1	—	2	1	3	1	23	3	1	1	—	—	
Garstang .....	172	2	—	—	—	—	—	—	—	—	3	6	1	—	9	—	1	17	15	4	51	2	8	5	13	1	1	—	—	2	6	2	16	1	5	—	—	—
Lancaster .....	164	3	1	—	—	—	1	—	—	—	3	5	4	1	6	2	—	16	27	3	39	1	5	8	6	1	1	—	—	—	1	20	2	3	2	1	—	—
Lincolnhurst .....	119	2	—	1	—	—	—	—	—	—	1	5	—	1	9	—	—	19	10	—	23	5	5	8	11	1	1	1	1	—	—	10	2	1	1	—	—	—
Lunesdale .....	101	3	—	—	—	—	—	—	—	—	5	2	1	—	5	—	—	18	9	1	19	3	5	7	2	3	2	2	—	—	2	6	2	1	1	—	—	—
Preston .....	473	7	3	—	—	—	—	—	—	—	12	8	7	3	42	1	2	59	52	20	122	13	22	10	17	4	1	2	7	3	—	2	44	5	4	1	—	—
Ulverston .....	271	3	1	2	—	—	—	—	—	—	6	3	7	5	24	2	3	29	28	2	86	4	7	9	5	5	1	1	2	4	3	19	2	4	1	—	—	—
Warrington .....	241	5	1	—	—	1	—	1	—	1	10	5	3	—	17	2	4	18	38	8	36	8	8	8	10	1	2	3	2	2	8	26	4	8	—	—	—	
West Lancashire .....	526	10	3	—	—	—	1	1	—	4	18	12	8	3	24	2	5	65	66	9	93	10	38	15	28	6	4	2	6	1	3	63	5	6	4	1	—	—
Whiston .....	394	8	1	—	—	—	—	—	—	2	7	6	8	1	25	2	5	44	50	13	46	18	17	18	31	6	6	2	7	2	7	49	3	9	1	1	—	—
Wigan .....	116	2	1	1	—	1	—	—	—	—	3	2	—	—	8	—	1	13	14	1	32	1	11	2	5	—	1	—	2	1	1	8	2	2	1	—	—	—
Total Rural Districts .....	3,640	55	15	6	—	3	3	2	1	8	92	68	58	28	253	11	31	427	417	90	795	109	171	125	179	37	26	24	61	35	1	33	357	37	57	21	4	—
Total Urban Districts .....	24,630	474	70	55	1	14	9	8	14	58	686	500	283	160	1786	63	184	3233	2497	714	5030	807	1010	802	1976	203	196	101	361	150	20	158	2248	168	374	196	21	—
Administrative County .....	28,270	529	85	61	1	17	12	10	15	66	778	568	341	188	2039	74	215	3660	2914	804	5825	916	1181	927	2155	240	222	125	422	185	21	191	2605	205	431	217	25	—

\* Excludes pneumonia of the newborn (i.e., at ages under 4 weeks).



TABLE 4—CAUSES OF DEATH at different periods of life  
Year ended 31st December, 1951

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY										AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS										Col.
			YEARS										YEARS										YEARS										
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-				
ALL CAUSES		M. F.	14343 13927	521 349	112 80	89 53	149 92	714 635	4007 2838	4316 4166	4435 5714	12477 12153	442 299	94 68	72 43	120 78	619 550	3553 2490	3795 3678	3782 4947	1866 1774	79 50	18 12	17 10	29 14	95 85	454 348	521 488	653 767				
Tuberculosis, respiratory	1	M. F.	338 191	— 1	— —	2 1	11 21	100 92	161 55	54 17	10 4	304 170	— 1	— —	2 1	9 20	92 80	143 47	50 17	8 4	34 21	— —	— —	— —	2 1	8 12	18 8	4 —	2 —	1			
Tuberculosis, other	2	M. F.	41 44	1 1	12 14	7 6	2 4	10 8	7 10	1 —	1 1	35 35	1 1	10 12	5 4	2 3	9 6	6 8	1 —	1 1	6 9	— —	2 2	2 1	— —	1 2	1 2	— —	— —	2			
Syphilitic disease	3	M. F.	39 22	1 —	— —	— —	1 —	3 4	20 11	11 5	3 2	36 19	1 —	— —	— —	1 —	3 4	17 9	11 4	3 2	3 3	— —	— —	— —	— —	— —	3 2	1 —	— —	3			
Diphtheria	4	M. F.	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4			
Whooping cough	5	M. F.	10 7	5 1	5 5	— 1	— —	— —	— —	— —	— —	8 6	4 1	4 4	— 1	— —	— —	— —	— —	— —	2 1	1 —	1 1	— —	— —	— —	— —	— —	— —	5			
Meningococcal infections	6	M. F.	6 6	2 —	1 4	— —	1 —	1 1	1 1	— —	— —	5 4	2 —	— 4	— —	1 —	1 —	1 —	— —	— —	1 2	— —	1 —	— —	— —	1 —	1 —	— —	— —	6			
Acute poliomyelitis	7	M. F.	8 2	— —	2 —	2 1	1 —	3 1	— —	— —	— —	6 2	— —	1 —	2 1	1 —	2 1	— —	— —	— —	2 —	— —	1 —	— —	— —	1 —	— —	— —	— —	7			
Measles	8	M. F.	12 3	3 —	7 1	2 2	— —	— —	— —	— —	— —	11 3	3 —	6 1	2 2	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	8			
Other infective and parasitic diseases	9	M. F.	32 34	3 5	4 1	4 3	3 1	5 8	10 6	1 4	2 6	28 30	3 4	4 1	3 2	3 1	4 7	8 6	1 4	2 5	4 4	— 1	— —	1 1	— —	1 —	2 —	— —	1 —	9			
Malignant neoplasm, stomach	10	M. F.	422 356	— —	— —	— —	1 1	14 10	163 108	163 138	81 99	374 312	— —	— —	— —	1 1	11 9	148 95	145 117	69 90	48 44	— —	— —	— —	— —	3 1	15 13	18 21	12 9	10			
lung, bronchus	11	M. F.	483 85	— —	— —	— —	— —	26 8	296 43	127 18	34 16	428 72	— —	— —	— —	— —	23 8	267 36	109 18	29 10	55 13	— —	— —	— —	— —	3 —	29 7	18 —	5 6	11			
breast	12	M. F.	4 337	— —	— —	— —	— 1	— 37	2 148	1 93	1 58	4 279	— —	— —	— —	— 1	— 31	2 122	1 79	46 58	— —	— —	— —	— —	— 6	26 14	12 12	— —	12				
uterus	13	F.	188	—	—	—	—	16	84	53	35	160	—	—	—	—	14	71	48	27	28	—	—	—	—	2	13	5	8	13			
Other malignant and lymphatic neoplasms	14	M. F.	1118 921	2 —	2 3	7 2	13 2	61 55	336 314	378 298	319 247	978 808	2 —	2 2	7 2	9 1	52 47	293 280	333 265	280 211	140 113	— —	— 1	— —	4 1	9 8	43 34	45 33	39 36	14			
Leukemia, aleukemia	15	M. F.	37 37	— —	3 —	4 1	3 3	8 4	9 19	9 8	1 2	32 31	— —	2 —	3 1	3 1	6 4	8 16	9 7	1 2	5 6	— —	1 —	1 —	— 2	2 —	1 3	— 1	— —	15			
Diabetes	16	M. F.	73 142	— —	1 1	1 1	— 2	6 6	20 27	22 67	23 38	58 126	— —	— 1	— 1	— 2	5 6	17 24	17 61	19 31	15 16	— —	1 —	1 —	— —	1 —	3 3	5 6	4 7	16			
Vascular lesions of nervous system	17	M. F.	1553 2107	1 —	1 1	1 1	3 2	29 29	303 412	585 754	630 908	1378 1855	1 —	— 1	1 1	3 2	27 25	273 352	524 671	549 803	175 252	— —	1 —	— —	— —	2 4	30 60	61 83	81 105	17			
Coronary disease, angina	18	M. F.	1946 968	— —	— —	— —	— 1	54 9	791 231	711 444	390 283	1678 819	— —	— —	— —	— —	46 7	697 193	609 375	326 244	268 149	— —	— —	— —	1 —	2 —	94 38	102 69	64 39	18			
Hypertension with heart disease	19	M. F.	375 429	— —	— —	— —	— —	4 7	87 84	157 153	127 185	328 386	— —	— —	— —	— —	3 3	79 78	138 144	108 161	47 43	— —	— —	— —	— —	1 4	8 6	19 9	19 24	19			
Other heart disease	20	M. F.	2484 3341	— —	1 1	2 1	9 9	79 98	350 402	745 863	1298 1967	2136 2894	— —	1 1	2 1	9 7	65 88	306 350	661 754	1092 1684	348 447	— —	— —	— —	2 —	14 10	44 43	84 109	206 233	20			
Other circulatory disease	21	M. F.	472 444	1 —	— —	— 1	3 1	13 6	76 62	132 131	247 243	407 400	1 —	— —	— 1	1 1	12 7	70 55	120 119	203 220	65 44	— —	— —	— —	2 2	1 6	12 7	22 12	44 23	21			
Influenza	22	M. F.	506 675	5 4	3 —	2 2	2 19	149 103	163 233	163 313	437 573	4 4	3 —	1 2	2 —	17 16	135 92	141 205	134 254	69 102	1 —	— —	1 —	— —	— —	2 4	14 11	22 28	29 59	22			
*Pneumonia	23	M. F.	492 435	48 52	16 12	2 2	5 2	17 21	132 60	147 135	125 151	422 380	37 44	15 10	2 1	4 1	15 20	120 53	125 115	104 136	70 55	11 8	1 2	— 1	1 1	2 1	12 7	22 20	21 15	23			
Bronchitis	24	M. F.	1247 908	13 11	3 6	— 2	— —	25 9	418 167	429 290	359 423	1135 841	13 9	3 6	— 2	— —	24 7	381 156	391 278	323 383	112 67	— 2	— —	— —	— —	1 2	37 11	38 12	46 30	24			
Other diseases of respiratory system	25	M. F.	171 69	4 1	4 —	1 1	3 4	11 6	76 18	40 10	32 29	147 56	3 1	4 —	1 1	3 3	10 6	61 16	35 7	30 22	24 13	1 —	— —	— —	1 —	15 2	5 3	2 7	25				
Ulcer of stomach and duodenum	26	M. F.	174 48	— 1	— —	— —	— —	— 2	15 14	84 14	53 17	22 40	— —	— —	— —	— —	14 2	76 12	46 12	20 13	18 8	— —	— —	— —	— —	1 —	8 2	7 2	2 4	26			
Gastritis, enteritis and diarrhoea	27	M. F.	68 57	25 11	4 3	1 —	1 —	7 5	11 10	9 12	10 16	56 45	21 9	2 3	1 —	1 —	4 4	10 8	8 9	9 12	12 12	4 2	2 —	— —	— —	3 1	1 2	1 3	1 4	27			
Nephritis and nephrosis	28	M. F.	206 216	2 —	1 —	1 4	6 5	31 28	74 71	52 67	39 41	177 184	2 —	— —	1 3	5 4	24 23	67 57	45 35	33 35	29 32	— —	1 —	1 —	1 —	7 5	7 9	7 10	6 6	28			
Hyperplasia of prostate	29	M.	185	—	—	—	—	—	6	62	117	150	—	—	—	—	—	5	50	95	35	—	—	—	—	1	—	—	—	30			
Pregnancy, childbirth, abortion	30	F.	21	—	—	—	—	5	15	1	—	20	—	—	—	5	14	1	—	—	1	—	—	—	—	—	—	—	—	—			
Congenital malformations	31	M. F.	120 71	76 41	6 4	5 1	5 2	13 9	13 11	1 3	1 —	101 57	62 33	5 3	4 1	5 2	11 7	13 9	1 2	— —	19 14	14 8	1 1	1 —	— —	2 2	— 2	— 1	— —	31			
Other defined and ill-defined diseases	32	M. F.	1172 1433	312 207	13 9	16 11	21 15	64 95	246 297	183 293	317 506	998 1250	269 179	13 7	13 8	17 14	55 85	206 266	156 251	269 440	174 183	43 28	— 2	3 3	4 1	10 10	9 31	27 42	48 66	32			
Motor vehicle accidents	33	M. F.	153 52	— —	12 4	13 5	27 6	32 7	27 8	19 10	23 12	123 45	— —	9 2	10 3	17 6	30 6	21 8	14 9	22 11	30 7	— —	3 2	3 2	10 —	2 1	6 —	5 1	1 1	33			
All other accidents	34	M. F.	233 198	15 13	10 11	15 4	21 3	41 5	62 21	22 35	47 106	197 177	12 10	9 4	11 —	16 1	35 5	56 19	19 32	39 94	36 21	3 1	1 —	4 —	5 2	6 —	6 2	3 3	8 12	34			
Suicide	35	M. F.	139 78	— —	— —	1 —	6 2	20 13	66 39	33 18	13 6	124 72	— —	— —	1 —	6 2	16 10	58 36	30 18	13 6	15 6	— —	— —	— —	— —	4 3	8 3	3 —	— —	35			
Homicide and operations of war	36	M. F.	23 2	2 —	— —	— —	1 —	3 1	11 1	6 —	— —	19 2	1 —	— —	— —	1 —	3 1	9 1	5 —	— —	4 —	1 —	— —	— —	— —	— —	2 —	1 —	— —	36			

\* Excludes pneumonia of the newborn (i.e., at ages under 4 weeks).

TABLE 5—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1951

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in respect of human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Plats							
Abram.....	—	4	22	—	4	22	—	—	—	—	—	—	203	574	10	16	14	126	103
Accrington (B) .....	44	43	—	44	20	—	—	2	—	—	21	—	214	562	4	15	1	213	129
Adlington .....	—	22	—	—	16	—	—	—	—	—	6	—	195	242	—	—	—	133	113
Ashton-in-Makerfield .....	—	85	16	—	64	16	—	—	—	—	21	—	486	1,690	25	32	10	470	312
Ashton-under-Lyne (B) .....	—	153	—	—	150	—	—	—	—	—	3	—	2,569	5,054	1,096	1,281	12	1,098	946
Aspull .....	—	33	—	—	29	—	—	—	—	—	4	—	259	407	—	—	83	127	105
Atherton .....	—	—	36	—	—	36	—	—	—	—	—	—	925	1,233	5	14	4	676	577
Audenshaw.....	—	1	—	—	—	—	—	—	—	—	1	—	80	265	1	2	—	74	31
Bacup (B) .....	56	7	—	56	6	—	—	—	—	—	1	—	263	520	1	3	1	215	160
Barrowford.....	—	11	—	—	8	—	—	—	—	—	3	—	64	151	—	—	—	64	64
Billinge & Winstanley .....	—	32	—	—	20	—	—	—	—	—	12	—	47	94	—	—	—	47	35
Blackrod .....	—	24	—	—	24	—	—	—	—	—	—	—	92	220	—	—	6	54	24
Brierfield .....	—	15	—	—	14	—	—	—	—	—	1	—	114	417	9	9	—	72	57
Carnforth .....	—	45	—	—	42	—	—	—	—	—	3	—	60	158	—	—	—	52	50
Chadderton .....	—	94	—	—	68	—	—	5	—	—	21	—	2,606	5,257	6	17	14	385	333
Chorley (B) .....	—	115	—	—	97	—	—	—	—	—	18	—	837	2,243	284	333	213	624	790
Church .....	60	16	—	16	10	—	44	—	—	—	6	—	45	51	—	—	—	45	30
Clayton-le-Moors .....	—	10	—	—	10	—	—	—	—	—	—	—	25	60	4	22	—	22	18
Clitheroe (B) .....	—	41	—	—	25	—	—	10	—	—	6	—	94	144	—	—	7	46	35
Colne (B) .....	—	39	—	—	29	—	—	—	—	—	10	—	360	1,179	1	1	—	179	148
Crompton .....	—	38	—	—	32	—	—	—	—	—	6	—	50	109	9	30	3	47	40



TABLE 5—continued

149

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats							
Crosby (B)	—	174	84	—	140	84	—	—	—	—	34	—	5,444	10,925	—	—	—	1,413	1,076
Dalton-in-Furness	—	—	—	—	—	—	—	—	—	—	—	—	127	170	—	—	—	127	79
Darwen (B)	—	100	12	—	94	12	—	—	—	—	6	—	721	3,322	94	129	51	670	601
Denton	—	55	12	—	42	12	8	—	—	—	5	—	511	1,477	248	785	7	440	260
Droylsden	—	30	18	—	30	18	—	—	—	—	—	—	404	1,296	—	—	—	404	274
Eccles	—	119	—	—	101	—	—	—	—	—	18	—	966	966	27	27	5	961	461
Failsworth	—	40	—	—	34	—	—	—	—	—	6	—	1,280	2,076	42	95	350	297	354
Farnworth (B)	—	38	—	—	38	—	—	—	—	—	—	—	380	1,586	101	101	12	368	313
Fleetwood (B)	—	123	—	—	107	—	—	—	—	—	16	—	331	669	2	4	—	169	173
Formby	—	2	5	—	—	—	—	—	—	—	2	5	30	32	7	9	1	24	12
Fulwood	—	42	—	—	17	—	4	—	—	—	21	—	185	593	—	—	5	172	160
Golborne	—	89	—	—	57	—	—	—	—	—	32	—	327	1,317	21	88	8	229	117
Grange	—	2	8	—	—	8	—	—	—	—	2	—	2	6	—	—	—	2	2
Great Harwood	—	7	—	—	—	—	—	—	—	—	7	—	131	309	8	16	8	78	42
Haslingden (B)	—	35	—	—	28	—	5	—	—	—	2	—	200	425	4	7	2	141	118
Haydock	—	35	—	—	34	—	—	—	—	—	1	—	508	1,195	—	—	—	480	471
Heywood (B)	—	79	—	—	76	—	—	—	—	—	3	—	737	2,530	—	—	3	705	692
Hindley	—	60	—	—	56	—	—	—	—	—	4	—	623	1,437	—	—	3	547	480
Horwich	—	75	12	—	68	12	—	—	—	—	7	—	328	1,816	—	—	—	284	288
Huyton-with-Roby	—	171	—	—	140	—	21	—	—	—	10	—	2,554	3,539	—	—	—	467	291
Ince-in-Makerfield	—	37	—	—	36	—	—	—	—	—	1	—	938	1,675	4	8	4	847	573

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Council's Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats							
Irlam	—	61	—	—	—	—	—	—	—	—	2	—	126	646	—	—	2	86	87
Kearsley	—	26	20	—	20	20	—	—	—	—	6	—	67	67	—	—	11	56	40
Kirkham	—	2	—	—	—	—	—	—	—	—	2	—	85	133	—	—	1	35	32
Lancaster (B)	—	73	—	—	52	—	—	—	—	—	21	—	184	375	35	138	30	74	22
Lees	—	10	—	—	10	—	—	—	—	—	—	—	104	342	—	—	—	86	83
Leigh (B)	—	114	20	—	86	20	—	—	—	—	28	—	1,139	3,278	—	—	6	557	326
Leyland	—	14	—	—	—	—	—	—	—	—	14	—	285	302	—	—	—	86	83
Litherland	—	27	—	—	20	—	—	—	—	—	7	—	217	452	32	72	18	260	252
Littleborough	—	38	—	—	32	—	—	—	—	—	6	—	453	537	3	16	3	85	65
Little Lever	—	25	—	—	24	—	—	—	—	—	1	—	98	173	4	8	4	33	17
Longridge	—	24	—	—	18	—	—	—	—	—	6	—	166	270	—	—	2	30	25
Lytham St. Annes (B)	—	58	34	—	54	34	—	—	—	—	4	—	25	64	—	—	—	7	5
Middleton (B)	—	113	6	—	93	6	—	—	—	—	20	—	129	198	63	132	63	66	49
Milnrow	—	12	8	—	12	8	—	—	—	—	—	—	168	168	—	—	3	125	98
Morecambe & Heysham (B)	—	112	20	—	74	20	—	—	—	—	38	—	586	1,412	—	—	4	472	422
Mossley (B)	—	8	—	—	8	—	—	—	—	—	—	—	332	520	—	—	—	215	182
Nelson (B)	—	11	20	—	8	20	—	—	—	—	3	—	213	1,178	—	—	2	213	163
Newton-le-Willows	—	92	—	—	80	—	—	—	—	—	12	—	409	1,028	45	65	20	340	234
Ormskirk	—	69	—	—	62	—	—	—	—	—	7	—	574	1,289	22	44	3	397	279
Orrell	—	47	—	—	44	—	—	—	—	—	3	—	194	429	3	5	5	101	82



TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats							
Oswaldtwistle	—	10	12	—	6	12	—	—	—	4	—	—	70	169	—	—	—	70	59
Padiham	—	66	—	—	62	—	—	—	—	4	—	—	237	237	—	—	2	95	68
Poulton-le-Fylde	—	31	—	—	17	—	—	—	—	14	—	—	301	400	—	—	—	301	300
Preesall	—	9	4	—	6	—	—	—	—	3	4	—	149	298	—	—	4	18	18
Prescot	—	2	48	—	—	48	—	—	—	2	—	—	681	1,554	—	—	—	308	244
Prestwich (B)	—	1	—	—	—	—	—	—	—	1	—	—	358	897	—	—	3	114	89
Radcliffe (B)	—	55	4	—	52	4	—	—	—	3	—	—	389	603	2	4	3	143	136
Rainford	—	49	—	—	41	—	—	—	—	8	—	—	30	45	—	—	—	—	—
Ramsbottom	—	3	—	—	—	—	—	—	—	3	—	—	54	54	—	—	21	21	7
Rawtenstall (B)	—	63	16	—	58	16	—	—	—	5	—	—	338	1,362	33	93	24	314	333
Rishton	—	3	—	—	—	—	—	—	—	3	—	—	52	170	—	—	1	51	48
Royton	—	19	—	—	18	—	—	—	—	1	—	—	114	282	8	16	8	86	69
Skelmersdale	—	21	—	—	20	—	—	—	—	1	—	—	819	1,895	—	—	—	318	289
Standish-with-Langtree	—	24	—	—	22	—	—	—	—	2	—	—	179	310	—	—	1	178	172
Stretford (B)	—	103	156	—	49	156	—	—	—	54	—	—	1,387	5,955	—	—	3	1,384	1,040
Swinton & Pendlebury (B)	—	61	8	—	41	8	—	2	—	18	—	—	1,423	7,673	—	—	17	496	469
Thornton Cleveleys	—	41	—	—	32	—	—	—	—	9	—	—	50	400	—	—	—	26	16
Tottington	—	4	—	—	—	—	—	—	—	4	—	—	46	65	—	—	1	43	42
Trawden	—	—	—	—	—	—	—	—	—	—	—	—	210	254	—	—	—	173	8
Turton	—	7	—	—	—	—	—	—	—	7	—	—	598	639	—	—	11	506	497

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consul'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats							
Tyldesley .....	—	5	—	—	—	—	—	—	—	5	—	—	379	975	14	24	14	367	356
Ulverston .....	—	59	—	—	—	—	—	—	—	17	—	—	94	213	7	13	1	35	27
Upholland .....	—	14	—	—	—	—	—	—	—	2	—	—	84	84	—	—	—	84	41
Urmston .....	—	63	18	—	—	18	—	—	—	27	—	—	287	754	3	19	2	285	189
Walton-le-Dale .....	—	61	—	—	—	—	—	—	—	12	—	—	395	782	—	—	2	48	4
Wardle .....	—	2	1	—	—	—	—	—	—	2	1	—	194	309	20	33	7	118	97
Westhoughton .....	—	40	—	—	—	—	—	—	—	6	—	—	132	792	—	—	—	132	110
Whitefield .....	—	58	—	—	—	—	—	—	—	8	—	—	95	292	5	22	—	88	76
Whitworth .....	—	36	—	—	—	—	—	—	—	—	—	—	105	270	2	4	2	70	61
Widnes (B) .....	—	127	3	—	—	3	—	—	—	23	—	—	12,349	15,032	11	20	66	2,309	500
Withnell .....	—	18	—	—	—	—	—	—	—	4	—	—	33	36	—	—	30	20	—
Worsley .....	—	154	40	—	—	40	—	—	—	6	—	—	210	753	—	—	2	208	205
Total Urban Districts .....	160	4,286	663	116	3,471	653	44	57	—	758	10	—	53,711	114,406	2,325	3,772	1,229	25,327	19,053



TABLE 5—continued

153

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats	Permanent pre-fabricated houses	Traditional permanent houses	Flats							
Blackburn .....	—	48	—	—	—	—	—	—	—	—	3	—	93	152	34	52	2	47	45
Burnley .....	—	4	—	—	—	—	—	—	—	—	4	—	84	179	—	—	2	84	97
Chorley .....	—	94	4	—	80	4	—	—	—	—	14	—	295	489	—	—	3	68	69
Clitheroe .....	—	16	1	—	12	—	—	—	—	—	4	1	231	262	124	136	13	59	46
Fylde .....	—	66	—	—	58	—	—	—	—	—	8	—	328	473	—	—	56	23	15
Garstang .....	—	79	—	—	68	—	—	—	—	—	11	—	202	263	47	62	119	36	30
Lancaster .....	—	48	6	—	34	6	—	—	—	—	14	—	312	542	2	5	2	14	11
Limehurst .....	—	134	—	—	30	—	—	104	—	—	—	—	317	342	—	—	—	153	110
Lunesdale .....	—	29	3	—	19	3	—	—	—	—	10	—	62	147	62	84	3	45	27
Preston .....	8	119	4	8	82	4	—	1	—	—	36	—	127	256	5	20	5	86	73
Ulverston .....	2	38	—	2	34	—	—	—	—	—	4	—	220	508	2	8	5	136	82
Warrington .....	—	76	20	—	76	20	—	—	—	—	—	—	384	1,041	—	—	—	303	202
West Lancashire .....	—	151	16	—	80	16	—	54	—	—	17	—	2,196	2,462	1,784	2,110	19	146	412
Whiston .....	—	816	298	—	54	16	—	734	282	—	28	—	2,454	3,309	—	—	—	987	658
Wigan .....	—	40	4	—	30	4	—	—	—	—	10	—	64	77	4	6	3	34	7
Total Rural Districts .....	10	1,758	356	10	702	73	—	893	282	—	163	1	7,369	10,502	2,064	2,483	232	2,221	1,884
Total Urban Districts .....	160	4,286	663	116	3,471	653	44	57	—	—	758	10	53,711	114,406	2,325	3,772	1,229	25,327	19,053
Total Administrative County	170	6,044	1,019	126	4,173	726	44	950	282	—	921	11	61,080	124,908	4,389	6,255	1,461	27,548	20,937

houses erected in West Lancashire R. D. by the local authority.

NOTE.—In addition to the above, 32 temporary prefabricated houses were erected in West Lancashire R.D. by the local authority.

TABLE 6—CHILD WELFARE CENTRES  
SUMMARY, BY HEALTH DIVISIONS, OF ATTENDANCES DURING 1951

Health Division No.	No. of centres at—		No. of sessions during year	No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session	No. of individual expectant mothers attending	No. of attendances by expectant mothers
	1st January, 1951	31st December, 1951		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)			
1	7	6	165	507	142	247	3,251	729	899	29.6	—	—
2	5	7	337	1,506	382	576	12,491	2,068	1,822	48.6	—	—
3	9	11	549	1,708	543	851	16,498	4,685	3,925	45.7	3	9
4	21	22	778	2,619	695	872	25,919	5,937	4,729	47.0	—	—
5	12	12	764	2,110	595	547	24,025	4,733	2,352	40.7	—	—
6	12	12	575	1,375	528	754	13,659	4,028	3,625	37.1	17	59
7	13	14	876	2,699	599	923	27,231	4,971	4,040	41.4	65	115
8	11	11	731	2,120	439	520	23,887	4,798	2,526	42.7	—	—
9	11	11	768	3,234	523	786	25,324	2,991	2,381	40.0	8	18
10	9	9	432	1,567	465	669	16,651	4,373	4,349	58.7	47	96
11	14	14	915	2,955	641	738	29,796	5,153	2,510	40.9	24	42
12	15	15	776	2,156	595	698	20,819	5,375	3,179	37.9	23	72
13	8	8	380	1,318	245	310	14,151	1,899	1,616	46.5	9	9
14	10	10	755	2,129	557	449	24,916	4,538	2,134	41.8	49	65
15	10	11	820	2,637	837	659	29,373	5,975	2,369	46.0	—	—
16	7	7	503	2,081	663	1,302	19,341	4,593	4,574	56.7	37	139
17	12	12	696	2,077	599	711	22,314	4,582	3,129	43.1	—	—
Total— Administrative County .....	186	192	10,820	34,798	9,048	11,612	349,646	71,428	50,159	43.6	282	624



TABLE 7—ANTENATAL CLINICS  
SUMMARY, BY HEALTH DIVISIONS, OF ANTENATAL AND POST-NATAL ATTENDANCES DURING 1951

Health Division No.	No. of clinics at		No. of sessions during year	ANTENATAL ATTENDANCES			POST-NATAL ATTENDANCES			
	1st January, 1951	31st December, 1951		No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances	Average attendances per individual
1	2	2	78	515	1,546	19.8	3.0	126	129	1.0
2	4	4	130	277	982	7.6	3.5	64	116	1.8
3	3	3	81	477	1,518	18.7	3.2	163	211	1.3
4	3	3	176	1,105	4,254	24.2	3.8	180	194	1.1
5	7	7	472	1,399	7,438	15.8	5.3	43	47	1.1
6	1	1	27	198	411	15.2	2.1	—	—	—
7	6	6	276	705	3,103	11.2	4.4	242	330	1.4
8	8	7	224	1,234	5,325	23.8	4.3	68	68	1
9	5	5	312	1,399	4,698	15.1	3.4	195	258	1.3
10	4	4	128	419	1,420	11.1	3.4	56	64	1.1
11	7	8	360	1,975	6,852	19.0	3.5	120	128	1.1
12	4	4	241	814	3,539	14.7	4.3	125	140	1.1
13	2	2	133	186	833	6.3	4.5	55	58	1.1
14	6	6	201	759	2,916	14.5	3.8	97	104	1.1
15	6	6	338	1,466	7,557	22.4	5.2	457	519	1.1
16	3	3	119	252	871	7.3	3.5	91	102	1.1
17	6	6	156	660	2,231	14.3	3.4	12	14	1.2
Total— Administrative County .....	77	77	3,452	13,840	55,494	16.1	4.0	2,094	2,482	1.2

TABLE 8—CARE OF PREMATURE INFANTS

STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN AT HOME WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	NURSED ENTIRELY AT HOME										TRANSFERRED TO HOSPITAL										Total No. surviving three months					
	D—Died during period										S—Survived										Total No. surviving three months					
	First 24 hours										2nd to 7th day															
	less 2lb. 3oz. or	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	less 2lb. 3oz. or	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 10oz.	Over 6lb. 10oz. to 7lb. 12oz.	less 2lb. 3oz. or	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 10oz.	Over 6lb. 10oz. to 7lb. 12oz.	less 2lb. 3oz. or	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 10oz.	Over 6lb. 10oz. to 7lb. 12oz.	less 2lb. 3oz. or	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.
1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	1	5	2	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	1	4	6	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	4	3	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	1	—	4	6	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	2	2	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	3	2	6	4	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	2	—	11	4	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	2	4	7	6	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	1	5	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	—	—	8	4	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	1	1	2	7	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	—	3	6	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	—	—	6	5	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	2	2	5	1	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	—	1	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	1	4	7	3	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total—Administrative County	15	24	86	64	274	3	46	8	49	6	3	2	1	2	47	44	2	249	3	46	1	43	1	249	3	263



TABLE 9—CARE OF PREMATURE INFANTS

STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN IN PRIVATE NURSING HOMES, INCLUDING MATERNITY HOMES NOT IN THE NATIONAL HEALTH SERVICE, AND MOTHER AND BABY HOMES, AND WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	NURSED ENTIRELY IN PRIVATE NURSING HOMES										TRANSFERRED TO HOSPITAL										Total No. surviving three months								
	S—Survived										S—Survived																		
	D—Died during period										D—Died during period																		
	D—Died during period										D—Died during period																		
	D—Died during period										D—Died during period																		
Total number born										Total number born										Total number born									
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Total number born										Total number born										Total number born									
Total																													





TABLE 11—OPHTHALMIA NEONATORUM, PEMPHIGUS NEONATORUM AND PUERPERAL PYREXIA

SUMMARY, BY HEALTH DIVISIONS, OF CASES NOTIFIED DURING 1951, AND OF ACTION TAKEN

Health Division No.	DOMICILIARY CONFINEMENTS									INSTITUTIONAL CONFINEMENTS														
	*No. of cases notified			No. of cases for whom home nursing was provided by the Authority			No. of cases removed to hospital			*No. of cases notified			No. of cases visited by officers of the Authority			No. of cases for whom home nursing was provided by the Authority			No. of cases removed to hospital					
	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia
1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
4	2	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	1	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	1	3	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	—	—	8	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	1	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	2	—	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total—Administrative County	11	6	29	10	4	18	1	1	5	—	—	11	19	1	113	10	1	21	—	—	1	3	—	7

\* Uncorrected for subsequent changes of diagnosis.

TABLE 12—MOTHER AND BABY HOMES

STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1951

Home	* No. of cases admitted from Health Division No.																	Total— Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Ennismore Hostel, Eccles .....	—	—	—	—	—	—	—	—	—	1 (1)	—	—	—	—	—	—	—	1 (1)
Simpson Hill Maternity Home, Heywood .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	3
St. Monica's Maternity Home, Kendal .....	5	2 (1)	—	1	—	—	—	—	1	2	1	3	1	—	3	1	—	20 (1)
The Home of the Good Samaritan, Grappenhall .....	—	—	—	1 (1)	1	—	—	—	4 (1)	3	—	1	1	—	—	—	—	11 (2)
St. Teresa's Home and Nursery, Salford .....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	3
Liverpool Catholic Children's Protection Society—affiliated homes .....	—	—	—	1	—	—	2	1	2	1	1	—	—	—	—	—	—	8
Salvation Army Home, Mandley Park Avenue, Higher Broughton, Salford .....	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
” ” ” North Mossley Hill Road, Liverpool .....	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2
” ” ” Mount Cross, Broad Lane, Bramley, Leeds .....	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Lancaster, Morecambe and District Moral Welfare Association Girls' Hostel, 7 Queen Street, Lancaster .....	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3
Manchester and Salford Methodist Mission Home, Oldham Street, Manchester .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sacred Heart Maternity Home, Brettargh Holt, nr. Kendal .....	—	1	2	1	—	—	1	—	—	—	—	—	—	—	—	1	—	6
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston .....	—	2	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	4
St. Margaret's Home, Goose Green, Wigan .....	—	1	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	4
The Grange, Wilpshire, nr. Blackburn .....	1 (1)	9 (3)	—	2	5 (2)	2 (1)	2	2 (1)	—	1	3	2	1	—	2	2 (1)	5	39 (9)
St. Monica's, Croxteth Road, Liverpool .....	—	—	—	—	—	—	2 (1)	—	3 (1)	—	—	1	—	—	—	—	—	6 (2)
St. Agnes Home, Manchester .....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2
St. Margaret's Home, Halifax .....	—	—	—	—	—	—	—	—	1	—	—	—	2 (1)	—	—	—	—	3 (1)
Coledale Hall, Carlisle .....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Southport Corporation Hostel, 72 Albert Road, Southport .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Total .....	8 (1)	15 (4)	3	7 (1)	6 (2)	3 (1)	7 (1)	3 (1)	13 (2)	10 (1)	8	9	9 (1)	—	6	5 (1)	9	121 (16)

\* These normally are expectant mothers. Post-natal cases are included and also shown separately in brackets.





TABLE 14—DAY NURSERIES  
STATEMENT, BY HEALTH DIVISIONS, OF STAFF ENGAGED AND MOTHERS RELEASED FOR EMPLOYMENT AT 31ST DECEMBER, 1951

Health Division No.	No. of nurseries	*No. of staff	Mothers released for—		Ratio of mothers in full-time employment to one unit of staff
			Full-time employment	Part-time employment	
1	—	—	—	—	—
2	2	25.4	100	12	3.94
3	1	10.3	49	2	4.76
4	4	44.3	153	—	3.45
5	7	85	263	—	3.09
6	5	64	233	6	3.64
7	1	19.3	84	—	4.35
8	1	8	24	—	3
9	4	49.9	212	1	4.25
10	1	8	32	3	4
11	3	42	149	—	3.55
12	1	14	44	—	3.14
13	4	43.5	150	5	3.45
14	8	91.3	323	10	3.54
15	4	43.8	194	—	4.43
16	8	82.7	339	2	4.10
17	8	87.5	359	—	4.10
Total— Administrative County.....	62	719	2,708	41	3.77

\* Equivalent of full-time personnel, including domestics, and counting three students as one member of staff.



TABLE 15—HOME NURSING

GENERAL NURSING CASES ATTENDED AND VISITS PAID (excluding Casual Advisory Visits)  
DURING THE YEAR 1951

	Medical cases					Surgical cases					Intramuscular and hypodermic injections					Infectious diseases					All types of case																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Adults		Children (under 15 years of age)		Total	Adults		Children (under 15 years of age)		Total	Adults		Children (under 15 years of age)		Total	Adults		Children (under 15 years of age)		Total	Adults		Children (under 15 years of age)		Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	M.	F.	0—	5—		M.	F.	0—	5—		M.	F.	0—	5—		M.	F.	0—	5—		M.	F.	0—	5—		M.	F.	0—	5—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
On books at 31st Dec., 1950 .....	673	1,700	16	13	2,402		340	1,270	34	20		251	925	10	14	1,200		35	68	9	3																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

Summary—

Total cases attended .....	42,935
Total number of visits (excluding casual advisory visits) .....	893,082
Average number of visits per case .....	20.7

NOTE: The number of casual advisory visits, not included in the above table, which were made during the year was 23,024

TABLE 16—DIPHTHERIA IMMUNISATION

SUMMARY, BY HEALTH DIVISIONS, OF IMMUNISATION STATE OF CHILD POPULATION

Health Division No.	Total number of immunised children					Estimated mid-year population (under 5 yrs. of age)	Per- centage in immun- ised state	Total No. of immunised children			Estimated mid-year population (5 to 14 years of age incl.)	Per- centage in immun- ised state	Total under 15 years of age in immunised state	Total population under 15 years of age	Percentage under 15 years of age in immunised state	
	Age at 31st December (in years)							Age at 31st December (in years)								
	Under 1	1—	2—	3—	4—			Total under 5	Total, 5 to 14 incl.							
									5—	10—						
Year 1951—																
1	286	385	429	258	393	1,751	3,086	2,290	2,126	4,416	5,395	81.9	6,167	8,481	72.7	
2	434	971	1,041	844	1,173	4,463	8,040	4,872	4,895	9,767	13,105	74.5	14,230	21,145	67.3	
3	88	698	897	961	994	3,638	7,957	5,592	5,599	11,191	13,294	84.2	14,829	21,251	69.8	
4	74	1,123	1,491	1,576	1,702	5,966	13,198	8,071	7,694	15,765	22,240	70.9	21,731	35,438	61.3	
5	347	1,259	1,042	1,141	1,389	5,178	11,063	5,641	7,036	12,677	17,157	73.9	17,855	28,220	63.3	
6	74	772	852	969	1,192	3,859	7,396	4,426	3,836	8,262	10,609	77.9	12,121	18,005	67.3	
7	142	2,125	1,720	1,214	2,140	7,341	13,377	7,817	8,537	16,354	23,456	69.7	23,695	36,833	64.3	
8	221	1,073	1,094	1,205	1,384	4,977	9,401	6,725	6,597	13,322	16,379	81.3	18,299	25,780	71.0	
9	230	1,928	2,195	2,368	2,628	9,349	16,944	13,151	10,135	23,286	29,595	78.7	32,635	46,539	70.1	
10	78	688	799	930	808	3,303	6,523	4,243	3,328	7,571	11,765	64.4	10,874	18,288	59.5	
11	118	1,296	1,553	1,703	2,058	6,728	14,585	9,898	8,758	18,656	23,920	78.0	25,384	38,505	65.9	
12	210	1,890	1,516	1,270	1,580	6,466	10,387	6,651	6,447	13,098	16,280	80.5	19,564	26,667	73.4	
13	53	768	844	1,120	933	3,718	6,487	4,227	4,127	8,354	9,652	86.6	12,072	16,139	74.8	
14	206	1,081	1,378	1,497	1,819	5,981	9,514	7,141	6,188	13,329	15,213	87.6	19,310	24,727	78.1	
15	151	1,111	1,533	1,519	1,519	5,833	10,620	7,934	6,881	14,815	17,740	83.5	20,648	28,360	72.8	
16	92	921	1,665	935	942	4,555	8,890	5,480	4,397	9,877	13,084	75.5	14,432	21,974	65.7	
17	84	1,060	1,315	1,489	1,772	5,720	10,693	7,519	7,335	14,854	17,586	84.5	20,574	28,279	72.8	
Administrative County—																
1951	2,888	19,149	21,364	20,999	24,426	88,826	168,161	111,678	103,916	215,594	276,470	78.0	304,420	444,631	68.5	
1950	4,110	18,362	19,518	23,544	20,668	86,202	168,780	106,706	100,635	207,341	272,080	76.2	293,543	440,860	66.6	
1949	5,984	17,693	22,931	19,856	18,369	84,833	167,430	100,525	94,892	195,417	265,800	73.5	280,250	433,230	64.7	
1948	3,656	20,358	18,827	17,813	19,415	80,069	165,111	93,996	89,865	183,861	258,898	71.0	263,930	424,009	62.2	
1947	3,234	15,202	17,461	20,126	18,122	74,145	155,203	98,828	92,690	191,518	248,371	77.1	† 265,663	403,574	65.8	
1946	1,032	14,288	18,966	17,357	17,170	68,813	142,622	94,675	90,425	185,100	247,107	74.9	* 253,913	389,729	65.2	

† Plus 454, age group not known.

\* Plus 510, age group not known.



TABLE 17—DIPHTHERIA IMMUNISATION  
SUMMARY, BY HEALTH DIVISIONS, OF DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION  
YEAR ENDED 31ST DECEMBER, 1951

Health Division No.	Age (in years) at date of notification										Age (in years) at date of death									
	Under 1		1—		2—		3—		4—		5—		10—		Totals under 15 years		Totals under 15 years		10—	
	C	I	C	I	C	I	C	I	C	I	C	I	C	I	C	I	C	I	D	I
Year 1951—																				
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—
4	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
5	—	—	2	—	—	—	1	—	—	—	8	—	—	—	11	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
7	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	1	—	1	—	2	—	4	—	1	—	—	—
10	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	—	—	—	—	—
11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—
15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Administrative County—																				
1951	—	—	3	1	—	—	3	1	4	1	12	1	2	2	24	6	—	—	—	—
1950	—	—	—	—	1	1	4	2	2	1	11	5	8	3	26	12	—	—	—	1
1949	—	—	5	2	3	2	6	2	2	1	27	16	15	7	59	29	—	—	—	—
1948	1	—	4	—	7	3	13	4	—	—	69	35	48	18	155	60	—	—	1	—

C=No. of cases notified. D=No. of deaths. I=No. of cases included in previous column in which the child had completed a full course of immunisation.

TABLE 18—DIPHTHERIA IMMUNISATION  
INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION  
ADMINISTRATIVE COUNTY, 1946-51

	Percentage of total population in age group					No. of cases of total population diphtheria					Attack rate per 1,000 of population in age group					No. of deaths from diphtheria					Case fatality rate per cent.				
	1946	1947	1948	1949	1950	1951	1946	1947	1948	1949	1950	1951	1946	1947	1948	1949	1950	1951	1946	1947	1948	1949	1950	1951	
<i>Children under 5 years of age :</i>																									
Immunised .....	48.2	47.7	48.4	50.7	51.1	52.8	41	15	7	6	4	3	0.58	0.19	0.08	0.07	0.05	0.03	—	1	—	—	1	—	—
Not immunised .....	51.8	52.3	51.6	49.3	48.9	47.2	93	44	31	11	3	7	1.22	0.52	0.36	0.13	0.04	0.09	11	8	6	3	2	1	1
Total .....	100	100	100	100	100	100	134	59	38	17	7	10	0.91	0.36	0.23	0.10	0.04	0.06	11	9	6	3	3	1	1
<i>Children aged 5 to 14 years :</i>																									
Immunised .....	74.9	77.1	71.0	73.5	76.2	78.0	146	65	53	23	8	3	0.76	0.33	0.28	0.12	0.04	0.01	—	—	—	—	—	—	—
Not immunised .....	25.1	22.9	29.0	26.5	23.8	22.0	182	109	64	19	11	11	2.85	1.86	0.85	0.27	0.17	0.18	9	2	5	1	2	—	—
Total .....	100	100	100	100	100	100	328	174	117	42	19	14	1.08	0.68	0.45	0.16	0.07	0.05	9	2	5	1	2	—	—
<i>All children under 15 years of age:</i>																									
Immunised .....	65.2	65.8	62.2	64.7	66.6	68.5	187	80	60	29	12	6	0.51	0.29	0.22	0.10	0.04	0.02	—	1	—	—	1	—	—
Not immunised .....	34.8	34.2	37.8	35.3	33.4	31.5	275	153	95	30	14	18	2.35	1.07	0.59	0.20	0.10	0.13	20	10	11	4	4	1	1
Total .....	100	100	100	100	100	100	462	233	155	59	26	24	1.15	0.56	0.36	0.14	0.06	0.05	20	11	11	4	5	1	1



TABLE 19—CARE AND AFTER-CARE—TUBERCULOSIS  
STATEMENT, BY HEALTH DIVISIONS, OF WORK DONE BY TUBERCULOSIS HEALTH VISITORS DURING 1951

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of dispensary sessions attended	Number of visits to all cases						Tuber- culosis Regs. Initial visits
				Routine visits		Visits for special purposes			Total	
				New cases and contacts	Old cases and contacts	Surgical dressings	Orthopaedic attention	Other actual nursing		
1	—	—	103	124	1,077	3	—	88	1,292	—
2	7	—	253	105	1,498	—	—	17	1,620	—
3	—	—	144	215	1,899	—	5	31	2,150	—
4	16	—	340	282	3,759	—	109	2	4,152	59
5	3	18	649	848	3,533	—	—	6	4,387	6
6	—	—	273	186	1,879	10	95	6	2,176	47
7	—	—	435	399	1,734	—	—	—	2,133	—
8	—	—	507	109	2,437	75	91	102	2,814	—
9	2	1	850	664	3,080	1	7	3	3,755	—
10	2	—	381	219	1,937	—	12	24	2,192	—
11	13	1	586	188	2,727	52	111	148	3,226	32
12	—	8	441	230	1,545	—	—	—	1,775	—
13	—	8	234	143	715	103	13	2	976	2
14	—	—	398	135	979	24	14	7	1,159	—
15	2	1	909	160	2,923	3	1	51	3,138	—
16	1	—	299	206	1,907	2	1	79	2,195	—
17	—	—	826	139	1,968	—	—	—	2,107	—
Total—Administrative County .....	46	37	7,628	4,352	35,597	273	459	566	41,247	146

TABLE 20—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1951—

## (1) In Hostels—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Division No.	Name and address of hostel	Accommodation capacity at 31st Dec., 1951		Cases which were County Council responsibility						Cases which were responsibility of other Local Authorities					
				Residents at 31st Dec., 1950		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1951		Deaths	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
3	"Norcross House", Carleton, Thornton Cleveleys	10	14	—	—	13	19	3	7	—	—	10	12	—	—
5	"Hilltop", Manchester Road, Accrington	16	—	15	—	10	—	8	—	1	—	16	—	—	—
6	"Glendene", Knowsley Road, Clayton-le-Dale	—	16	—	—	—	12	—	2	—	—	—	10	—	—
	"Stanley Villas", Albert Road, Colne	—	14	—	—	—	12	—	1	—	—	—	11	—	—
7	"Marles Hill", Wheatley Lane, Barrowford	12	—	—	—	16	—	3	—	1	—	12	—	—	—
	"Marbenthe", Marine Terrace, Waterloo	10	11	—	—	5	11	—	1	—	—	5	11	—	—
8	"Sefton House", Burscough	18	11	—	—	15	7	—	—	—	—	15	6	—	—
	"The Limes", Chorley Road, Standish	—	24	—	21	—	6	—	7	—	1	—	19	—	3
	"Burtholme", Chorley Road, Worthington	19	—	15	—	5	—	3	—	—	—	17	—	2	—
12	"Hazelhurst", Ramsbottom	7	9	7	9	2	1	2	1	—	—	7	9	—	—
13	"Redcliffe", Prestwich	17	15	—	—	13	18	1	3	—	—	12	15	—	—
	"Oaklands", Rochdale Road, Milnrow	—	12	—	12	—	8	—	7	—	1	—	12	—	—
	"Brooklyn", Rochdale Road, Heywood	9	6	—	—	9	8	2	4	—	—	7	4	1	—
14	"Olive House", Bacup	13	—	10	—	5	—	3	—	2	—	10	—	2	—
	"Claremont", 78 Windsor Road, Oldham	—	18	—	12	—	7	—	2	—	—	—	17	—	1
16	"Grangethorpe", 98/100 Talbot Road, Stretford	12	13	—	—	11	16	1	3	—	—	10	13	—	—
17	"Holme Lea", Astley Road, Stalybridge	5	14	—	—	4	15	—	1	—	—	4	14	1	—
	Total	148	177	47	54	108	140	26	39	4	2	125	153	—	5



TABLE 20 (continued)

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of hostel	Cases which were County Council responsibility											
			Residents at 31st Dec., 1950		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1951			
			M	F	M	F	M	F	M	F	M	F		
1	Barrow-in-Furness C.B.C.	Abbey House, Barrow-in-Furness.	—	—	1	—	—	—	—	—	1	—	—	1
2	West Riding of Yorks C.C.	"The Shroggs", Steeton	—	1	—	—	—	—	—	—	—	—	—	1
3	London C.C.	Plumstead Lodge, London	—	—	—	1	—	—	—	—	—	—	—	1
4	Halifax C.B.C.	Brearley House Hostel, Halifax	—	1	—	—	—	—	—	—	—	—	—	1
5	Preston C.B.C.	Ashton Civic Hostel, Ashton	2	—	—	—	1	1	—	—	—	—	—	1
12	West Riding of Yorks C.C.	"The Shroggs", Steeton	—	1	—	—	—	—	—	—	—	—	—	1
13	Salop C.C.	Glentworth House, Oswestry	—	—	—	1	—	—	—	—	—	—	—	—
14	Salford C.B.C.	The Homestead, Salford	—	—	1	—	—	1	—	—	—	—	—	2
15	Manchester C.B.C.	Cavendish House, Eccles	—	2	—	—	—	—	—	—	—	—	—	—
16	Rochdale C.B.C.	Eversleigh, Rochdale	1	—	—	—	—	—	—	—	—	—	—	3
17	Oldham C.B.C.	"The Hollies", Manchester Road, Oldham	—	1	—	2	—	—	—	—	—	—	—	—
	Salford C.B.C.	The Homestead, Salford	—	1	—	1	—	—	—	—	—	—	—	—
	Manchester C.B.C.	Cranford House, Eccles	—	—	—	1	—	—	—	—	—	—	—	1
	Manchester C.B.C.	"Greenmount", Plymouth Grove, Manchester	—	—	—	1	—	—	—	—	—	—	—	2
	Manchester C.B.C.	Cavendish House, Eccles	—	—	—	—	—	—	—	—	—	—	—	—
	Salford C.B.C.	The Homestead, Salford	—	2	—	—	—	—	—	—	—	—	—	1
	Manchester C.B.C.	Cavendish House, Eccles	1	—	—	—	—	—	—	—	—	—	—	—
	Cheshire C.C.	The Hill, Knutsford	—	—	—	—	—	—	—	—	—	—	—	—
	Manchester C.B.C.	Cavendish House, Eccles	1	—	—	—	—	—	—	—	—	—	—	—
		Total	5	10	4	10	2	6	1	—	6	—	6	14





TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1951 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—  
(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee (continued)—  
(ii) \*Children, at ages (in years)

Health Division No.	Name and address of institution	Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities																						
		Accompanied by an adult						Unaccompanied						Accompanied by an adult						Unaccompanied																
		No. accom- modated at 31st Dec.1950		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1951		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1951		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1951										
		0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—							
1	27 Stanley Street, Ulverston	4	—	1	—	6	—	5	—	—	—	2	—	3	—	7	—	10	—	—	—	—	—	—	—	—	—	—	—							
2	Bay View House, Lancaster	8	56	2	3	5	29	6	19	—	1	13	5	26	26	126	31	146	—	—	—	—	—	—	—	—	—	1	1							
3	†The Highlands, Wesham	—	—	3	—	14	3	17	3	—	—	—	11	—	7	—	18	—	—	—	—	—	—	—	—	—	—	—	—							
4	“Moorlands”, 152 Eaves Lane, Chorley	—	—	—	—	3	2	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
7	74 Wigan Road, Ormskirk	16	—	6	—	23	4	23	3	—	6	1	5	—	20	—	25	—	—	16	—	10	—	—	—	—	—	—	—							
9	Delphside, Warrington Road, Whiston	38	—	7	—	51	—	42	—	—	16	—	13	—	58	—	71	—	—	11	—	10	—	—	—	—	19	—	1							
11	Atherleigh Grange, Leigh Road, Leigh	—	—	—	—	6	7	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
12	Valley View, Rawtenstall	19	—	4	—	35	—	32	—	—	7	—	13	—	6	—	18	—	—	2	—	—	—	—	—	—	—	—	—							
15	Bridgewater House, Eccles	—	—	—	—	4	4	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
17	Lakeside Nursery, Ashton-under-Lyne	12	—	4	—	20	2	14	2	—	10	—	12	—	13	2	25	2	—	4	—	2	—	—	—	—	6	—	—							
	Total	97	56	27	3	167	51	152	40	—	42	14	62	26	137	128	198	148	—	1	52	15	42	15	—	—	4	2	26	16	28	17	—	—	2	1

\* i.e.—For the purposes of the National Assistance Act, persons under the age of 16 years and, for the purposes of the Children Act, persons under the age of 18 years.  
† Nursery closed 30th April, 1951.

TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1951 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of institution	Cases which were County Council responsibility																			
			In respect of accommodation provided under S.21(1)(a)								In respect of accommodation provided under S.21(1)(b)											
			Resi- dents at 31st Dec. 1950				Deaths				Admis- sions				Discharges							
			M.		F.						M.		F.				M.					
			No.		No.						No.		No.				No.					
			at 31st Dec. 1951		Deaths		Admis- sions		Discharges		Resi- dents at 31st Dec., 1950		Admis- sions		Discharges		Deaths					
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
2	West Riding C.C.	Thornton View, Bradford	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—				
3	Bradford C.B.C.	The Park, Bradford	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
4	Preston C.B.C.	Fulwood Civic Hostel, Fulwood	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
5	West Riding C.C.	Thornton View, Bradford	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
5	Blackburn C.B.C.	Queen's Park Hospital, Blackburn	38	51	18	27	1	23	1	11	—	—	—	—	—	—	—	—				
6	West Riding C.C.	Hillworth Lodge, Keighley	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
6	Burnley C.B.C.	Moorfields, Burnley	53	35	32	28	34	29	1	—	—	—	—	—	—	—	—	—				
	Gloucestershire C.C.	Holm Hospital, Tewkesbury	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Leeds C.B.C.	South Lodge, Leeds	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	West Riding C.C.	Hillworth Lodge, Keighley	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Liverpool C.B.C.	Westminster House, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	London C.C.	"Hillside", St. John's Way, London	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
7	Liverpool C.B.C.	"Kingsmead", Dovehouse Street, London	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Liverpool C.B.C.	Westminster House, Liverpool	17	16	1	4	2	5	2	2	—	—	—	—	—	—	—	—				
8	Liverpool C.B.C.	Newsham General Hospital, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Wigan C.B.C.	Social Welfare Home, Frog Lane, Wigan	24	8	16	3	16	2	2	1	—	—	—	—	—	—	—	—				
9	Bolton C.B.C.	Townley's Hospital Annexe, Bolton	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Liverpool C.B.C.	Newsham General Hospital, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Wallasey C.B.C.	St. Catherine's Hospital Annexe, Wallasey	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
10	Warrington C.B.C.	Whitecross Welfare Home, Wakefield Street, Warrington	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Warrington C.B.C.	Padgate Children's Home, Padgate	9	13	5	3	4	6	1	—	—	—	—	—	—	—	—	—				
	Chester C.B.C.	Sealand House, Chester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Manchester C.B.C.	Springfield Hospital, Manchester	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
11	Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	21	25	12	5	12	4	1	1	—	—	—	—	—	—	—	—				
	Cheshire C.C.	Weaver Hall, Northwich	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
12	Manchester C.B.C.	Mayfield House, Manchester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
13	Rochdale C.B.C.	South View, Rochdale	—	3	2	1	4	3	2	—	—	—	—	—	—	—	—	—				
14	Oldham C.B.C.	Boundary Park Hospital Annexe, Oldham	64	36	24	13	21	14	5	2	—	—	—	—	—	—	—	—				
	Manchester C.B.C.	Springfield Hospital, Manchester	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
16	Rochdale C.B.C.	South View, Rochdale	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Manchester C.B.C.	Newholme, Withington	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
		Total—former Public Assistance Institutions	260	213	120	94	117	90	16	21	1	7	12	6	27	49	6	30				
			3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
2	Manchester C.B.C.	Langho Epileptic Colony, Langho	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
3	do.	do.	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
4	do.	do.	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
5	do.	do.	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
6	do.	do.	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
7	do.	do.	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
8	do.	do.	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
9	do.	do.	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
10	do.	do.	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
11	do.	do.	9	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
12	do.	do.	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
13	do.	do.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
14	do.	do.	8	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
15	do.	do.	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
16	do.	do.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
17	do.	do.	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
		Total—Langho Epileptic Colony	63	77	12	7	7	6	4	3	—	—	—	—	—	—	—	—				
		Total—All above Establishments	323	290	132	101	124	96	20	24	1	7	12	6	27	49	6	30				

\* Only children under the age of 16 years accompanied by and accommodated in the same institution as an adult are included.



(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area)—  
(a) Other than Homes for the Blind

[illegible]

TABLE 24 (continued)—

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1950		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1951	
			M	F	M	F	M	F	M	F	M	F
9 (cont'd.)	Turner Memorial Home of Rest	Turner Memorial Home, Dingle Head, Liverpool	1	—	—	—	—	—	1	—	—	—
	Salvation Army	Eventide Home, Holm Hill, West Kirby	—	1	—	—	—	—	—	1	—	—
10	Salvation Army	Southlands, Hall Nook, Penketh	—	—	—	—	—	—	—	—	—	1
	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	1	—	—	—	—	—	—	—	1
11	Worcestershire, Herefordshire and Radnorshire Association for the Deaf	Malvern House, Great Malvern, Wores.	—	—	—	1	1	1	—	—	—	—
	Salvation Army	Southlands, Hall Nook, Penketh	—	13	—	—	—	—	—	3	—	—
12	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	1	1	1	1	—	—	—	—	2	10
	David Lewis Epileptic Colony	Davis Lewis Colony, Warford, Cheshire	—	2	—	—	—	—	—	1	—	1
13	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	3	—	—	—	—	—	—	1	3
	Society of Friends	Beechville, Lostock Park, Bolton	1	—	—	—	—	—	—	—	1	—
14	Cripplecrafft, Ltd.	Cripplecrafft Home, Heme Bay	—	2	—	—	—	—	—	—	—	2
	Cripples' Help Society	Cripples' Home, Tan-y-Bryn, Abergale	—	—	1	—	1	—	—	—	—	—
15	Eccles Old People's Welfare Association	Derby House Hostel, Eccles	—	1	—	—	—	—	—	—	—	—
	British Legion	Lister House, Sharow, near Ripon	—	—	—	—	—	1	—	—	—	—
16	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	2	—	—	—	—	—	—	—	1	—
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	2	1	1	—	—	—	—	—	2	1
17	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymun, Cheshire	—	14	—	—	—	—	—	1	—	12
	Salvation Army	Holt House, Hilton Lane, Prestwich	—	1	—	—	—	1	—	—	—	8
18	East Lancs. Masonic Benevolent Association	"The Hawthorns", Buxton	3	11	—	—	—	1	—	—	2	1
	Society of Friends	Walshaw Hall, Tottington, Bury	1	—	—	—	—	—	—	—	—	—
19	Salvation Army	Beechville, Lostock Park, Bolton	—	—	—	—	—	—	—	—	1	—
	British Legion	"Rosemeade", Southborough, Tunbridge Wells	—	—	—	1	1	—	—	—	1	—
20	Maghull Homes for Epileptics (Inc.)	Lister House, Sharow, near Ripon	—	—	—	—	—	—	—	—	—	—
	David Lewis Epileptic Colony	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	—	—	—	—	—	—	—
21	British Red Cross Society	David Lewis Colony, Warford, Cheshire	—	1	—	—	—	—	—	—	—	—
	Salvation Army	"Edenhurst", Thorley Lane, Timperley	—	—	—	1	—	—	—	—	1	—
22	Cripples' Help Society	Eventide Home, Laurel Bank, Salford	—	—	—	1	1	—	—	—	—	—
	British Legion	Cripples' Home, Tan-y-Bryn, Abergale	—	—	—	—	—	—	—	—	—	—
23	Eccles Old People's Welfare Association	Lister House, Sharow, near Ripon	5	7	1	1	2	1	1	—	1	7
	Langdale Cottage Homes Trust	Derby House Hostel, Eccles	—	3	—	—	—	—	—	—	3	2
24	British Red Cross Society	Langdale Cottage Homes, Worsley	—	—	—	1	—	—	—	—	1	—
	Salvation Army	"Edenhurst", Timperley, Cheshire	—	—	—	—	—	—	—	—	—	—
25	David Lewis Epileptic Colony	Eventide Home, Laurel Bank, Salford	1	2	—	—	—	—	—	—	—	1
	Manchester and Salford Methodist Mission	David Lewis Colony, Warford, Cheshire	1	1	—	—	—	—	—	1	—	1
26	British Legion	The Rossett, Withington, Manchester	—	1	—	—	—	—	—	—	—	1
	National Institute for the Deaf	Lister House, Sharow, near Ripon	—	—	1	—	—	—	1	—	—	—
27	Eccles Old People's Welfare Association	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	—	—	—	—	1
	David Lewis Epileptic Colony	Derby House Hostel, Eccles	1	1	—	—	—	—	—	—	1	1
28	Cripples' Help Society	David Lewis Colony, Warford, Cheshire	—	1	—	—	—	—	—	—	1	1
	Home of the Alexian Brothers	Cripples' Home, Tan-y-Bryn, Abergale	—	—	1	—	—	—	—	—	1	—
29	Salvation Army	St. Mary's Home, Moston, Manchester	—	—	1	—	—	—	—	—	1	—
	David Lewis Epileptic Colony	Ann Challis Home, Urnston	—	—	—	28	1	1	—	2	—	25
30	Maghull Homes for Epileptics (Inc.)	Eventide Home, Laurel Bank, Salford	3	3	—	—	—	—	—	—	3	1
	Salvation Army	David Lewis Colony, Warford, Cheshire	—	1	—	—	—	—	—	—	1	3
31	Ashton-under-Lyne Housing Association	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	—	—	—	—	—	—	1
	National Institute for the Deaf	Oak Hill, Higher Broughton, Salford	—	14	—	4	—	4	—	—	—	14
32	Cripples' Help Society	Grasmere House, Ashton-under-Lyne	—	—	—	—	—	—	—	—	—	—
		Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	—	—	—	—	—	—	—	—	—
33		Cripples' Home, Tan-y-Bryn, Abergale	—	—	1	—	—	—	—	—	1	—
			40	129	23	80	7	30	4	12	52	167
Total												



TABLE 25—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1951 (continued)—  
(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area) (continued)—  
(b) Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1950		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1951	
			M	F	M	F	M	F	M	F	M	F
2	Fulwood Workshops and Homes for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	—	3	2	1	—	—	—	—	2	4
3	Blackpool and Fylde Society for the Blind	Sunbeam Home of Rest, Newton Drive, Blackpool	2	4	1	3	—	—	—	1	3	6
4	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	—	1
	Henshaw's Institution for the Blind	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
5	Manchester and Salford Blind Aid Society	Godfrey Ermen Memorial Home, Southport	1	—	—	—	—	—	—	—	1	—
	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	1	—	—	1	—
	Fulwood Workshops and Homes for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	—	3	1	1	—	—	—	—	1	3
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	—	—	—	—	—	—	—	—	1
6	North Regional Association for the Blind	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	1	—
	North Regional Association for the Blind	"Oaklands", Pendleton	1	—	—	—	—	—	—	—	—	—
	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
	North Regional Association for the Blind	"Dunwithins", Chorley New Road, Bolton	2	1	—	1	—	—	—	—	2	1
7	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
9	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	—	—	3	—	—	—	—	—	1
	Catholic Blind Asylum, Liverpool	Catholic Blind Asylum, Liverpool	—	1	—	—	—	2	—	—	—	1
	North London Homes for the Blind	"Cloveland", Chorley New Road, Bolton	—	—	—	1	—	—	—	1	—	1
	Fulwood Workshops and Homes for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	—	—	1	—	—	—	—	—	1	—
10	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
11	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	—	—	1	—	—	—	—	—	1
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	2	—	2	—	1	—	2	—	1
	Manchester and Salford Blind Aid Society	"Elms", Pendleton	—	1	—	1	—	—	—	—	—	2
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	1	—	—	—	—	—	—	—	—	—
13	North Regional Association for the Blind	"Springhill", Nelson	1	3	—	—	—	—	—	—	1	3
	North Regional Association for the Blind	"Dunwithins", Chorley New Road, Bolton	1	—	—	—	—	—	—	—	1	—
	North Regional Association for the Blind	"Tate House", Home for Deaf Blind, Harrogate	1	—	—	—	—	—	—	—	1	—
	National Institute for the Blind	"Dunwithins", Chorley New Road, Bolton	1	—	—	1	—	—	—	—	—	—
15	North London Homes for the Blind	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
	Henshaw's Institution for the Blind	Godfrey Ermen Memorial Home, Southport	1	2	1	—	1	—	—	—	3	2
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	2	—	—	—	—	—	—	—	—	—
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	2	—	1	—	—	—	1	—	2
16	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	—	—	—	—	—	—	—	—	—
	Manchester and Salford Blind Aid Society	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
	Manchester and Salford Blind Aid Society	"Elms", Pendleton	—	3	—	—	—	—	—	—	—	3
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	—	2	—	—	—	1	—	—	—	1
17	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	5	—	—	—	—	—	—	—	5
Total			17	41	7	17	2	6	—	5	22	47





TABLE 27—ANALYSIS OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1951

(Excluding duplicates and corrected for subsequent changes of diagnosis.)

AGE—YEARS:—		SEX:—												Col.																									
		0—		1—		5—		10—		15—		20—		25—		35—		45—		55—		65—		TOTAL		Col.													
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.										
RESPIRATORY—	Lungs only	1	3	5	8	35	29	64	34	27	61	11	25	36	73	97	170	107	174	281	207	225	432	184	90	274	183	60	243	150	39	189	55	15	70	1042	786	1828	
	Lungs and Larynx	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Larynx	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Bronchial Glands	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Mediastinal Glands	5	1	—	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
RESPIRATORY TOTAL		6	4	5	9	36	30	66	34	27	61	12	25	37	73	97	170	107	174	281	208	226	434	184	90	274	184	60	244	151	40	191	55	16	71	1048	790	1838	
•Cases—Respiratory and non-respiratory combined		—	—	—	—	3	2	5	2	2	4	—	1	1	2	1	3	—	2	2	2	2	4	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
NON-RESPIRATORY—	{ Head (including Middle Ear) Trunk— Ribs and Sternum Spine Arm— Shoulder Scapula Humerus Elbow Radius Ulna Hand and Wrist Leg— Hip and Pelvis Femur Knee Tibia Fibula Foot and Ankle Two or more different Joints Not Classified	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		9	—	—	—	—	1	2	3	1	2	3	1	—	1	2	2	4	1	2	3	6	12	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
		10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		17	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		22	—	—	—	—	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
ABDOMINAL	Intestines	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Peritoneum	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Mesenteric Glands	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Bladder	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
GENITO-URINARY	Fallopian Tube	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Kidney	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Prostate	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Suprarenal	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
MENINGITIS (Brain) MILIARY (Generalised) SKIN (Lupus)	Testicle and Epididymis	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Not Classified (Two or more)	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		35	3	1	4	10	3	13	6	5	11	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
PERIPHERAL GLANDS	Axillary	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Cervical	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Inguinal	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
MISCELLANEOUS		41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		42	4	1	5	30	21	51	42	41	83	24	33	57	14	25	39	17	18	35	23																		

\* Combined cases are included in respiratory total, but are shown separately for purposes of reference.

TABLE 28—TUBERCULOSIS MORTALITY IN EACH COUNTY DISTRICT

Urban Districts	Estimated Population, 1951	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1951	Death-rate per 1,000 of population, 1951	Average death-rate five years, 1946-50	Number of deaths, 1951	Death-rate per 1,000 of population, 1951
Abram.....	6,305	1	0·16	0·17	—	nil
Accrington (B) .....	40,340	13	0·32	0·36	2	0·05
Adlington .....	4,000	1	0·25	0·15	—	nil
Ashton-in-Makerfield .....	18,970	5	0·26	0·43	1	0·05
Ashton-under-Lyne (B) .....	45,960	16	0·35	0·54	4	0·09
Aspull .....	6,514	—	nil	0·40	—	nil
Atherton .....	20,480	4	0·20	0·28	—	nil
Audenshaw.....	12,590	2	0·16	0·42	1	0·08
Bacup (B) .....	18,150	3	0·17	0·35	1	0·06
Barrowford.....	4,679	2	0·43	0·44	—	nil
Billinge and Winstanley .....	5,943	1	0·17	0·23	—	nil
Blackrod .....	3,124	1	0·32	0·27	—	nil
Brierfield .....	6,936	2	0·29	0·25	—	nil
Carnforth .....	3,380	—	nil	0·59	—	nil
Chadderton .....	30,990	14	0·45	0·22	3	0·10
Chorley (B) .....	32,420	12	0·37	0·26	—	nil
Church .....	5,283	3	0·57	0·51	—	nil
Clayton-le-Moors .....	6,830	1	0·15	0·36	—	nil
Clitheroe (B) .....	12,010	2	0·17	0·22	—	nil
Colne (B) .....	20,520	9	0·44	0·33	1	0·05
Crompton .....	12,560	4	0·32	0·26	—	nil
Crosby (B) .....	58,580	26	0·44	0·58	1	0·02
Dalton-in-Furness .....	10,290	3	0·29	0·48	3	0·29
Darwen (B) .....	30,650	10	0·33	0·27	2	0·07
Denton .....	25,550	8	0·31	0·30	2	0·08
Droylsden .....	26,320	9	0·34	0·57	—	nil
Eccles (B) .....	43,700	20	0·46	0·40	1	0·02
Failsworth .....	18,020	4	0·22	0·56	1	0·06
Farnworth (B) .....	28,030	14	0·50	0·27	1	0·04
Fleetwood (B) .....	27,490	13	0·47	0·37	1	0·04
Formby .....	10,560	2	0·19	0·36	—	nil
Fulwood .....	13,330	2	0·15	0·34	—	nil
Golborne .....	17,050	2	0·12	0·30	2	0·12
Grange .....	2,774	—	nil	0·07	—	nil
Great Harwood .....	10,700	3	0·28	0·32	—	nil
Haslingden (B) .....	14,410	5	0·35	0·22	1	0·07
Haydock .....	11,760	3	0·26	0·41	—	nil
Heywood (B) .....	25,150	5	0·20	0·30	1	0·04
Hindley .....	19,320	5	0·26	0·32	1	0·05



TABLE 28—(continued)

Urban Districts	Estimated Population, 1951	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1951	Death-rate per 1,000 of population, 1951	Average death-rate five years, 1946-50	Number of deaths, 1951	Death-rate per 1,000 of population, 1951
Horwich .....	15,450	1	0·06	0·25	—	nil
Huyton-with-Roby .....	56,370	22	0·39	0·61	3	0·05
Ince-in-Makerfield .....	20,330	5	0·25	0·29	1	0·05
Irlam .....	15,030	4	0·27	0·21	1	0·07
Kearsley .....	10,650	2	0·19	0·42	—	nil
Kirkham .....	7,388	2	0·27	0·20	—	nil
Lancaster (B).....	51,220	19	0·37	0·43	1	0·02
Lees .....	4,208	—	nil	0·24	—	nil
Leigh (B) .....	48,480	9	0·19	0·33	5	0·10
Leyland .....	14,630	3	0·21	0·22	1	0·07
Litherland .....	22,200	9	0·41	0·63	—	nil
Littleborough.....	10,930	1	0·09	0·21	—	nil
Little Lever .....	4,704	3	0·64	0·13	—	nil
Longridge .....	4,308	—	nil	0·44	—	nil
Lytham St. Annes (B) .....	29,980	9	0·30	0·28	—	nil
Middleton (B) .....	32,560	11	0·34	0·42	2	0·06
Milnrow .....	8,557	2	0·23	0·19	—	nil
Morecambe & Heysham (B).....	36,770	11	0·30	0·42	2	0·05
Mossley (B) .....	10,380	3	0·29	0·29	—	nil
Nelson (B) .....	34,240	6	0·18	0·40	2	0·06
Newton-le-Willows .....	21,760	9	0·41	0·36	—	nil
Ormskirk .....	20,920	7	0·33	0·34	—	nil
Orrell .....	9,317	1	0·11	0·23	1	0·11
Oswaldtwistle .....	12,030	2	0·17	0·18	—	nil
Padiham .....	10,000	6	0·60	0·32	1	0·10
Poulton-le-Fylde .....	7,508	1	0·13	0·29	—	nil
Preesall .....	2,197	1	0·46	0·28	—	nil
Prescot .....	12,440	4	0·32	0·49	—	nil
Prestwich (B).....	34,370	4	0·12	0·25	—	nil
Radcliffe (B) .....	27,580	3	0·11	0·20	2	0·07
Rainford .....	4,037	—	nil	0·31	1	0·25
Ramsbottom .....	14,380	2	0·14	0·27	1	0·07
Rawtenstall (B) .....	25,320	7	0·28	0·37	1	0·04
Rishton .....	5,794	1	0·17	0·46	—	nil
Royton .....	14,720	3	0·20	0·30	1	0·07
Skelmersdale .....	6,305	1	0·16	0·33	—	nil
Standish-with-Langtree .....	8,922	2	0·22	0·18	—	nil
Stretford (B) .....	61,810	10	0·16	0·44	2	0·03
Swinton & Pendlebury (B) .....	40,970	8	0·20	0·38	2	0·05
Thornton Cleveleys .....	15,350	—	nil	0·22	—	nil
Tottington .....	5,827	1	0·17	0·24	—	nil
Trawden .....	2,114	1	0·47	0·39	—	nil

TABLE 28—(continued)

Urban Districts	Estimated Population, 1951	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1951	Death-rate per 1,000 of population, 1951	Average death-rate five years, 1946-50	Number of deaths, 1951	Death-rate per 1,000 of population, 1951
Turton .....	10,890	—	nil	0·18	2	0·18
Tyldesley .....	17,900	4	0·22	0·30	—	nil
Ulverston .....	9,920	1	0·10	0·43	1	0·10
Upholland .....	6,321	—	nil	0·39	—	nil
Urmston .....	38,660	6	0·16	0·23	1	0·03
Walton-le-Dale .....	14,610	2	0·14	0·25	1	0·07
Wardle .....	4,786	2	0·42	0·37	—	nil
Westhoughton .....	14,900	—	nil	0·12	1	0·07
Whitefield .....	12,920	4	0·31	0·31	—	nil
Whitworth .....	7,439	2	0·27	0·49	—	nil
Widnes (B) .....	48,750	20	0·41	0·51	2	0·04
Withnell .....	2,830	1	0·35	0·29	1	0·35
Worsley .....	27,350	6	0·22	0·30	1	0·04
<b>Total Urban Districts</b>	<b>1,731,000</b>	<b>474</b>	<b>0·27</b>	<b>0·36</b>	<b>70</b>	<b>0·04</b>
<i>Rural Districts</i>						
Blackburn .....	13,370	—	nil	0·23	—	nil
Burnley .....	16,560	5	0·30	0·39	1	0·06
Chorley .....	27,150	3	0·11	0·17	3	0·11
Clitheroe .....	9,335	—	nil	0·30	—	nil
Fylde .....	16,540	2	0·12	0·16	—	nil
Garstang .....	12,610	2	0·16	0·16	—	nil
Lancaster .....	11,990	3	0·25	0·23	1	0·08
Limehurst .....	8,495	2	0·24	0·15	—	nil
Lunesdale .....	7,258	3	0·41	0·17	—	nil
Preston .....	39,320	7	0·18	0·27	3	0·08
Ulverston .....	16,580	3	0·18	0·23	1	0·06
Warrington .....	35,910	5	0·14	0·25	1	0·03
West Lancashire .....	41,680	10	0·24	0·34	3	0·07
Whiston .....	43,300	8	0·18	0·30	1	0·02
Wigan .....	7,902	2	0·25	0·20	1	0·13
<b>Total Rural Districts</b>	<b>308,000</b>	<b>55</b>	<b>0·18</b>	<b>0·26</b>	<b>15</b>	<b>0·05</b>
<b>Total—Administrative County .....</b>	<b>2,039,000</b>	<b>529</b>	<b>0·26</b>	<b>0·35</b>	<b>85</b>	<b>0·04</b>



CERTAIN  
BIRTH AND DEATH RATES  
OF THE  
MUNICIPAL BOROUGHES,  
URBAN AND RURAL DISTRICTS  
FOR THE YEAR 1951

COMPARED WITH THE ANNUAL AND QUINQUENNIAL RATES FOR  
THE PERIOD 1946-50

## MUNICIPAL BOROUGHS AND URBAN DISTRICTS

The neo-natal mortality rate (deaths under four weeks of age) was introduced for the first time in 1950 and comparative figures for earlier years are not available.

For explanation of use of comparability factors see pages 15 and 17.

										Infant mortality					
Live births				Deaths (all causes)		Stillbirths		Maternal mortality		Total		Neo-natal			
No. regis- tered		Rate per 1,000 pop'n		No. regis- tered		Rate per 1,000 pop'n		No. regis- tered		Rate per 1,000 total births		No. of deaths regis- tered		Rate per 1,000 live births	
Abram U.D.—															
Year—															
1951	.....	.....	.....	116	*18.4	82	*13.0	4	33	nil	nil	5	43	nil	nil
1950	.....	.....	.....	112	18.0	60	9.7	4	34	nil	nil	3	27	1	9
1949	.....	.....	.....	115	18.8	71	11.6	1	9	nil	nil	6	52	—	—
1948	.....	.....	.....	126	21.1	59	9.9	4	30	1	7.69	2	15	—	—
1947	.....	.....	.....	129	21.9	76	12.9	3	22	nil	nil	9	69	—	—
1946	.....	.....	.....	106	18.1	77	13.1	2	18	nil	nil	5	47	—	—
Average rate—1946-50.....				—	19.6	—	11.4	—	23	—	1.66	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.96) = 17.7 per 1,000.  
death-rate (comparability factor, 1.20) = 15.6 per 1,000.

Accrington M.B.—															
Year—															
1951	.....	.....	.....	581	*14.4	675	*16.7	15	25	nil	nil	23	40	13	22
1950	.....	.....	.....	564	14.0	614	15.2	12	21	1	1.74	22	39	12	21
1949	.....	.....	.....	652	16.2	652	16.2	13	20	1	1.50	32	49	—	—
1948	.....	.....	.....	690	17.1	548	13.6	23	32	1	1.40	23	33	—	—
1947	.....	.....	.....	710	18.1	601	15.3	22	30	1	1.36	31	43	—	—
1946	.....	.....	.....	638	16.4	617	15.9	21	31	1	1.51	25	39	—	—
Average rate—1946-50.....				—	16.4	—	15.3	—	27	—	1.49	—	41	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.03) = 14.8 per 1,000.  
death-rate (comparability factor, 0.92) = 15.4 per 1,000.

Adlington U.D.—															
Year—															
1951	.....	.....	.....	68	*17.0	52	*13.0	1	14	nil	nil	2	29	2	29
1950	.....	.....	.....	60	14.9	50	12.4	4	63	nil	nil	4	67	4	67
1949	.....	.....	.....	80	20.0	43	10.8	4	48	nil	nil	1	13	—	—
1948	.....	.....	.....	63	15.7	55	13.7	1	15	nil	nil	5	79	—	—
1947	.....	.....	.....	80	20.6	54	13.9	2	24	1	12.19	1	12	—	—
1946	.....	.....	.....	78	20.3	53	13.8	3	37	nil	nil	5	64	—	—
Average rate—1946-50.....				—	18.3	—	12.9	—	37	—	2.67	—	44	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.08) = 18.4 per 1,000.  
death-rate (comparability factor, 1.02) = 13.3 per 1,000.

Ashton-in-Makerfield U.D.—															
Year—															
1951	.....	.....	.....	286	*15.1	244	*12.9	13	43	1	3.34	5	17	2	7
1950	.....	.....	.....	283	14.9	243	12.8	7	24	nil	nil	17	60	14	49
1949	.....	.....	.....	321	16.9	246	12.9	9	27	nil	nil	16	50	—	—
1948	.....	.....	.....	318	16.7	225	11.8	11	33	nil	nil	15	47	—	—
1947	.....	.....	.....	355	19.3	232	12.6	10	27	2	5.47	21	59	—	—
1946	.....	.....	.....	322	17.7	201	11.0	14	41	nil	nil	14	43	—	—
Average rate—1946-50.....				—	17.1	—	12.3	—	31	—	1.21	—	52	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 14.9 per 1,000.  
death-rate (comparability factor, 1.09) = 14.0 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Ashton-under-Lyne M.B.—</b>													
Year—													
1951	.....	731	*15.9	700	*15.2	24	32	nil	nil	30	41	16	22
1950	.....	727	15.4	693	14.7	17	23	nil	nil	25	34	13	18
1949	.....	832	17.6	738	15.6	24	28	nil	nil	38	46	—	—
1948	.....	858	18.5	650	14.0	12	13	nil	nil	36	41	—	—
1947	.....	1011	21.4	613	12.9	31	29	nil	nil	44	43	—	—
1946	.....	884	19.0	657	14.1	30	32	1	1.09	41	46	—	—
Average rate—1946-50.....		—	18.4	—	14.3	—	26	—	0.23	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.02) = 16.2 per 1,000.  
death-rate (comparability factor, 0.97) = 14.8 per 1,000.

**Aspull U.D.—**

Year—													
1951	.....	91	*14.0	89	*13.7	2	22	nil	nil	2	22	1	11
1950	.....	85	12.9	90	13.7	4	45	nil	nil	6	71	3	35
1949	.....	141	21.6	97	14.9	3	21	2	13.89	5	35	—	—
1948	.....	120	18.5	68	10.5	4	32	1	8.06	4	33	—	—
1947	.....	151	23.5	82	12.8	4	25	1	6.45	12	79	—	—
1946	.....	120	18.9	99	15.6	4	32	nil	nil	9	75	—	—
Average rate—1946-50.....		—	19.1	—	13.5	—	30	—	6.29	—	58	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 13.5 per 1,000.  
death-rate (comparability factor, 1.14) = 15.6 per 1,000.

**Atherton U.D.—**

Year—													
1951	.....	264	*12.9	275	*13.4	10	36	nil	nil	2	8	1	4
1950	.....	292	14.0	240	11.5	15	49	1	3.26	7	24	6	21
1949	.....	307	14.7	268	12.8	10	32	nil	nil	4	13	—	—
1948	.....	316	15.2	209	10.0	13	39	nil	nil	9	28	—	—
1947	.....	400	19.7	270	13.3	20	47	2	4.76	20	50	—	—
1946	.....	357	17.6	222	10.9	16	42	1	2.68	12	33	—	—
Average rate—1946-50.....		—	16.3	—	11.8	—	42	—	2.29	—	31	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 12.5 per 1,000.  
death-rate (comparability factor, 1.06) = 14.2 per 1,000.

**Audenshaw U.D.—**

Year—													
1951	.....	173	*13.7	164	*13.0	3	17	nil	nil	4	23	3	17
1950	.....	172	13.6	158	12.5	1	6	nil	nil	2	12	1	6
1949	.....	183	14.4	161	12.6	4	21	nil	nil	6	33	—	—
1948	.....	194	15.3	150	11.8	9	44	nil	nil	8	41	—	—
1947	.....	228	18.4	156	12.6	2	8	nil	nil	14	61	—	—
1946	.....	214	17.6	148	12.1	9	40	1	4.48	10	46	—	—
Average rate—1946-50.....		—	15.9	—	12.4	—	25	—	0.98	—	40	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 13.3 per 1,000.  
death-rate (comparability factor, 1.02) = 13.3 per 1,000.

**Bacup M.B.—**

Year—													
1951	.....	273	*15.0	307	*16.9	6	22	1	3.58	9	33	4	15
1950	.....	325	17.5	289	15.6	9	27	nil	nil	8	25	4	12
1949	.....	323	17.6	261	14.2	9	27	nil	nil	10	31	—	—
1948	.....	322	17.5	239	13.0	11	33	2	6.00	20	62	—	—
1947	.....	407	22.5	262	14.4	13	30	nil	nil	20	49	—	—
1946	.....	350	19.6	263	14.7	7	19	1	2.80	17	48	—	—
Average rate—1946-50.....		—	18.9	—	14.4	—	28	—	1.69	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.02) = 15.3 per 1,000.  
death-rate (comparability factor, 0.99) = 16.7 per 1,000.

				Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality					
												Total		Neo-natal			
				No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births		
Barrowford U.D.—																	
Year—																	
1951	.....	.....	.....	70	*15.0	90	*19.2	3	41	nil	nil	1	14	1	14		
1950	.....	.....	.....	47	10.2	86	18.7	1	21	nil	nil	3	64	1	21		
1949	.....	.....	.....	68	14.9	81	17.7	3	42	nil	nil	4	59	—	—		
1948	.....	.....	.....	68	15.1	71	15.7	1	14	1	14.49	1	14	—	—		
1947	.....	.....	.....	64	13.6	84	17.9	nil	nil	nil	nil	nil	nil	—	—		
1946	.....	.....	.....	55	11.9	74	16.0	3	51	nil	nil	3	54	—	—		
Average rate—1946-50.....				—	13.2	—	17.3	—	26	—	3.23	—	36	—	—		

\* 1951 adjusted { live birth-rate (comparability factor, 1.11) = 16.6 per 1,000.  
death-rate (comparability factor, 0.81) = 15.6 per 1,000.

#### Billinge and Winstanley U.D.—

Year—															
1951	.....	.....	.....	81	*13.6	74	*12.5	3	36	nil	nil	1	12	1	12
1950	.....	.....	.....	77	12.7	65	10.7	2	25	nil	nil	2	26	1	13
1949	.....	.....	.....	71	11.7	76	12.5	2	27	nil	nil	6	85	—	—
1948	.....	.....	.....	90	15.2	73	12.4	2	21	nil	nil	6	66	—	—
1947	.....	.....	.....	99	16.3	76	12.5	2	19	1	9.90	4	40	—	—
1946	.....	.....	.....	94	15.8	67	11.3	1	10	nil	nil	2	21	—	—
Average rate—1946-50				.....	—	14.4	—	11.9	—	20	—	2.27	—	46	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.16) = 15.8 per 1,000.  
death-rate (comparability factor, 1.02) = 12.7 per 1,000.

#### Blackrod U.D.—

Year—															
1951	.....	.....	.....	43	*13.8	37	*11.8	1	23	nil	nil	1	23	nil	nil
1950	.....	.....	.....	51	16.2	42	13.4	1	19	nil	nil	2	39	2	39
1949	.....	.....	.....	46	14.7	43	13.7	1	21	nil	nil	2	43	—	—
1948	.....	.....	.....	57	18.4	45	14.5	nil	nil	nil	nil	7	122	—	—
1947	.....	.....	.....	64	22.2	38	13.1	1	15	nil	nil	1	15	—	—
1946	.....	.....	.....	54	19.0	46	16.2	3	52	nil	nil	6	111	—	—
Average rate—1946-50			.....	—	18.0	—	14.2	—	22	—	nil	—	66	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.01) = 13.9 per 1,000.  
death-rate (comparability factor, 0.96) = 11.4 per 1,000.

#### Brierfield U.D.—

Year—															
1951	.....	.....	.....	102	*14.7	127	*18.3	3	29	nil	nil	1	10	1	10
1950	.....	.....	.....	90	12.6	104	14.6	3	32	nil	nil	2	22	1	11
1949	.....	.....	.....	104	14.8	98	13.9	2	19	nil	nil	2	19	—	—
1948	.....	.....	.....	107	15.5	89	12.8	2	18	nil	nil	3	28	—	—
1947	.....	.....	.....	132	19.6	100	14.9	4	29	nil	nil	6	45	—	—
1946	.....	.....	.....	117	17.6	113	17.0	4	33	nil	nil	3	25	—	—
Average rate—1946-50.....				—	15.5	—	14.2	—	27	—	nil	—	29	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.10) = 16.2 per 1,000.  
death-rate (comparability factor, 0.89) = 16.3 per 1,000.

#### Carnforth U.D.—

Year—															
1951	.....	.....	.....	44	*13.0	42	*12.4	nil	nil	nil	nil	nil	nil	nil	nil
1950	.....	.....	.....	60	17.4	32	9.3	2	32	nil	nil	1	17	1	17
1949	.....	.....	.....	57	16.5	47	13.6	3	50	nil	nil	3	53	—	—
1948	.....	.....	.....	69	20.4	42	12.4	3	41	nil	nil	13	188	—	—
1947	.....	.....	.....	68	20.1	53	15.6	1	14	nil	nil	4	58	—	—
1946	.....	.....	.....	61	18.2	37	11.0	2	31	nil	nil	1	16	—	—
Average rate—1946-50.....				—	18.5	—	12.4	—	34	—	nil	—	70	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.09) = 14.2 per 1,000.  
death-rate (comparability factor, 0.98) = 12.2 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Chadderton U.D.—</b>													
Year—													
1951	.....	455	*14.7	456	*14.7	7	15	1	2.16	11	24	6	13
1950	.....	428	13.7	386	12.4	14	32	nil	nil	5	12	2	5
1949	.....	473	15.1	406	13.0	13	27	nil	nil	13	27	—	—
1948	.....	540	17.2	392	12.5	16	28	1	1.79	19	35	—	—
1947	.....	609	19.5	384	12.3	10	16	nil	nil	31	50	—	—
1946	.....	575	18.7	375	12.2	22	36	nil	nil	18	31	—	—
Average rate—1946-50		—	16.9	—	12.5	—	28	—	0.37	—	33	—	—

\* 1951 adjusted {live birth-rate (comparability factor, 0.94) = 13.8 per 1,000.  
death-rate (comparability factor, 1.09) = 16.0 per 1,000.

<b>Chorley M.B.—</b>													
Year—													
1951	.....	489	*15.1	470	*14.5	17	34	nil	nil	16	33	12	25
1950	.....	471	14.5	456	14.1	15	31	2	4.12	12	25	8	17
1949	.....	561	17.2	434	13.3	19	33	1	1.72	18	32	—	—
1948	.....	594	18.2	358	10.9	18	29	nil	nil	20	33	—	—
1947	.....	636	20.1	411	13.0	23	34	nil	nil	32	50	—	—
1946	.....	578	18.8	381	12.4	23	38	1	1.66	31	53	—	—
Average rate—1946-50		—	17.8	—	12.8	—	33	—	1.36	—	40	—	—

\* 1951 adjusted {live birth-rate (comparability factor, 0.98) = 14.8 per 1,000.  
death-rate (comparability factor, 1.05) = 15.2 per 1,000.

<b>Church U.D.—</b>													
Year—													
1951	.....	99	*18.7	99	*18.7	1	10	nil	nil	2	20	2	20
1950	.....	78	15.0	82	15.8	3	37	1	12.35	2	26	1	13
1949	.....	94	18.0	76	14.5	3	31	nil	nil	7	74	—	—
1948	.....	102	19.6	80	15.3	3	28	nil	nil	9	88	—	—
1947	.....	116	22.9	74	14.6	5	41	nil	nil	4	34	—	—
1946	.....	72	14.4	68	13.6	3	40	nil	nil	8	111	—	—
Average rate—1946-50		—	18.0	—	14.8	—	35	—	2.09	—	65	—	—

\* 1951 adjusted {live birth-rate (comparability factor, 0.99) = 18.5 per 1,000.  
death-rate (comparability factor, 0.95) = 17.8 per 1,000.

<b>Clayton-le-Moors U.D.—</b>													
Year—													
1951	.....	95	*13.9	105	*15.4	3	31	nil	nil	5	53	4	42
1950	.....	99	14.7	94	13.9	2	20	nil	nil	1	10	1	10
1949	.....	94	13.9	106	15.6	nil	nil	nil	nil	4	43	—	—
1948	.....	111	16.5	86	12.8	1	8	nil	nil	1	9	—	—
1947	.....	148	22.1	95	14.2	6	38	nil	nil	11	74	—	—
1946	.....	125	18.9	101	15.2	8	60	nil	nil	6	48	—	—
Average rate—1946-50		—	17.2	—	14.4	—	29	—	nil	—	40	—	—

\* 1951 adjusted {live birth-rate (comparability factor, 1.00) = 13.9 per 1,000.  
death-rate (comparability factor, 0.98) = 15.1 per 1,000.

<b>Clitheroe M.B.—</b>													
Year—													
1951	.....	159	*13.2	184	*15.3	7	42	1	6.02	6	38	5	31
1950	.....	234	18.7	183	14.6	8	33	1	4.13	5	21	5	21
1949	.....	228	18.6	180	14.7	2	9	nil	nil	8	35	—	—
1948	.....	211	17.7	179	15.0	10	45	nil	nil	8	37	—	—
1947	.....	240	21.9	156	14.2	6	24	nil	nil	6	25	—	—
1946	.....	178	16.2	159	14.5	9	48	nil	nil	3	16	—	—
Average rate—1946-50		—	18.6	—	14.6	—	31	—	0.89	—	27	—	—

\* 1951 adjusted {live birth-rate (comparability factor, 1.09) = 14.4 per 1,000.  
death-rate (comparability factor, 0.85) = 13.0 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Colne M.B.—</b>													
Year—													
1951	.....	287	*14.0	346	*16.9	6	20	nil	nil	8	28	5	17
1950	.....	288	13.8	319	15.3	5	17	nil	nil	10	35	5	17
1949	.....	306	14.7	315	15.1	10	32	1	3.16	9	29	—	—
1948	.....	349	16.7	288	13.8	8	22	1	2.80	8	22	—	—
1947	.....	422	20.7	318	15.6	10	23	nil	nil	11	26	—	—
1946	.....	371	18.4	293	14.5	7	18	nil	nil	14	37	—	—
Average rate—1946-50.....		—	16.9	—	14.9	—	23	—	1.13	—	30	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.04) = 14.5 per 1,000.  
death-rate (comparability factor, 0.91) = 15.3 per 1,000.

**Crompton U.D.—**

Year—													
1951	.....	166	*13.2	207	*16.5	2	12	1	5.95	5	30	3	18
1950	.....	185	14.7	201	16.0	3	16	nil	nil	4	22	2	11
1949	.....	209	16.6	186	14.8	6	28	nil	nil	10	48	—	—
1948	.....	202	16.0	182	14.4	8	38	2	9.52	12	59	—	—
1947	.....	281	22.4	169	13.4	3	10	nil	nil	9	32	—	—
1946	.....	229	18.4	162	13.0	8	33	nil	nil	12	52	—	—
Average rate—1946-50.....		—	17.6	—	14.3	—	25	—	1.76	—	42	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 13.2 per 1,000.  
death-rate (comparability factor, 0.99) = 16.3 per 1,000.

**Crosby M.B.—**

Year—													
1951	.....	863	*14.7	840	*14.3	24	27	nil	nil	30	35	23	27
1950	.....	918	15.4	798	13.4	23	24	1	1.06	31	34	24	26
1949	.....	917	15.4	739	12.4	25	27	nil	nil	36	39	—	—
1948	.....	1009	17.0	688	11.6	25	24	nil	nil	40	39	—	—
1947	.....	1134	19.4	784	13.4	32	27	3	2.57	65	57	—	—
1946	.....	1063	18.4	770	13.3	22	20	nil	nil	57	53	—	—
Average rate—1946-50.....		—	17.2	—	12.9	—	25	—	0.77	—	45	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.03) = 15.2 per 1,000.  
death-rate (comparability factor, 0.94) = 13.5 per 1,000.

**Dalton-in-Furness U.D.—**

Year—													
1951	.....	161	*15.6	170	*16.5	4	24	nil	nil	9	56	5	31
1950	.....	155	14.7	143	13.5	4	25	nil	nil	6	39	3	19
1949	.....	186	17.6	133	12.6	4	21	nil	nil	6	32	—	—
1948	.....	184	17.5	136	12.9	3	16	nil	nil	14	76	—	—
1947	.....	218	20.8	131	12.5	5	22	nil	nil	7	32	—	—
1946	.....	186	17.6	153	14.5	4	21	nil	nil	7	37	—	—
Average rate—1946-50.....		—	17.7	—	13.2	—	21	—	nil	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.08) = 16.9 per 1,000.  
death-rate (comparability factor, 0.97) = 16.0 per 1,000.

**Darwen M.B.—**

Year—													
1951	.....	449	*14.6	571	*18.6	13	28	nil	nil	11	24	7	16
1950	.....	414	13.3	489	15.8	17	39	1	2.32	15	36	11	27
1949	.....	451	14.6	525	17.0	14	30	nil	nil	13	29	—	—
1948	.....	501	16.2	461	14.9	12	23	2	3.89	16	31	—	—
1947	.....	577	19.0	486	16.0	16	26	1	1.68	23	39	—	—
1946	.....	495	16.5	496	16.6	11	21	1	1.97	17	34	—	—
Average rate—1946-50.....		—	16.0	—	16.1	—	28	—	1.99	—	34	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.06) = 15.5 per 1,000.  
death-rate (comparability factor, 0.88) = 16.4 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Denton U.D.—</b>													
Year—													
1951	.....	354	*13.9	334	*13.1	12	33	nil	nil	15	42	11	31
1950	.....	341	13.3	331	12.9	19	53	nil	nil	8	23	4	12
1949	.....	404	16.0	279	11.0	7	17	nil	nil	13	32	—	—
1948	.....	443	17.4	264	10.4	16	34	nil	nil	16	36	—	—
1947	.....	572	23.0	296	11.9	15	25	nil	nil	24	41	—	—
1946	.....	462	19.2	293	12.1	17	35	nil	nil	19	41	—	—
Average rate—1946-50.....		—	17.8	—	11.7	—	32	—	nil	—	36	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.95) = 13.2 per 1,000.  
death-rate (comparability factor, 1.08) = 14.1 per 1,000.

**Droylsden U.D.—**

Year—													
1951	.....	375	*14.2	294	*11.2	6	16	nil	nil	10	27	6	16
1950	.....	397	14.9	302	11.3	11	27	nil	nil	13	33	9	23
1949	.....	409	15.4	283	10.6	11	26	nil	nil	16	39	—	—
1948	.....	469	17.1	267	9.7	8	16	nil	nil	16	34	—	—
1947	.....	572	22.7	284	11.2	17	28	1	1.69	17	29	—	—
1946	.....	535	21.5	250	10.0	18	32	1	1.80	21	39	—	—
Average rate—1946-50.....		—	18.2	—	10.6	—	27	—	0.82	—	35	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.90) = 12.8 per 1,000.  
death-rate (comparability factor, 1.24) = 13.9 per 1,000.

**Eccles M.B.—**

Year—													
1951	.....	619	*14.2	603	*13.8	24	37	nil	nil	18	29	11	18
1950	.....	685	15.4	571	12.9	15	21	nil	nil	15	22	12	18
1949	.....	723	16.4	569	12.9	19	26	nil	nil	27	37	—	—
1948	.....	797	18.1	515	11.7	20	24	2	2.44	26	32	—	—
1947	.....	860	20.6	541	12.9	30	33	4	4.49	40	46	—	—
1946	.....	812	19.6	535	12.9	25	29	nil	nil	37	45	—	—
Average rate—1946-50.....		—	18.0	—	12.7	—	27	—	1.51	—	37	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 14.2 per 1,000.  
death-rate (comparability factor, 1.03) = 14.2 per 1,000.

**Failsworth U.D.—**

Year—													
1951	.....	298	*16.5	226	*12.5	7	23	nil	nil	3	10	3	10
1950	.....	271	14.8	206	11.3	10	36	nil	nil	9	33	7	26
1949	.....	294	16.2	227	12.5	5	17	nil	nil	8	27	—	—
1948	.....	304	16.8	216	11.9	15	47	nil	nil	16	52	—	—
1947	.....	356	20.3	226	12.9	6	16	nil	nil	12	33	—	—
1946	.....	344	19.9	206	11.9	4	11	nil	nil	9	26	—	—
Average rate—1946-50.....		—	17.6	—	12.1	—	25	—	nil	—	34	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.92) = 15.2 per 1,000.  
death-rate (comparability factor, 1.12) = 14.0 per 1,000.

**Farnworth M.B.—**

Year—													
1951	.....	433	*15.4	409	*14.6	11	25	nil	nil	14	32	9	21
1950	.....	472	16.7	386	13.6	6	13	nil	nil	22	47	14	30
1949	.....	491	17.3	364	12.9	13	26	1	1.98	18	37	—	—
1948	.....	485	17.1	319	11.2	22	43	1	1.97	14	28	—	—
1947	.....	607	22.1	358	13.0	12	19	1	1.61	23	37	—	—
1946	.....	526	19.4	337	12.4	22	40	3	5.47	22	41	—	—
Average rate—1946-50.....		—	18.5	—	12.6	—	28	—	2.26	—	38	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 15.4 per 1,000.  
death-rate (comparability factor, 1.01) = 14.7 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
Fleetwood M.B.—													
Year—													
1951	.....	472	*17.2	360	*13.1	13	27	1	2.06	16	34	12	25
1950	.....	518	18.9	340	12.4	17	32	nil	nil	22	42	18	35
1949	.....	482	18.2	325	12.3	7	14	1	2.04	22	46	—	—
1948	.....	562	20.6	275	10.1	22	37	nil	nil	19	33	—	—
1947	.....	642	24.9	281	10.9	13	19	nil	nil	23	35	—	—
1946	.....	523	20.9	270	10.8	15	27	1	1.85	23	43	—	—
Average rate—1946-50		—	20.7	—	11.3	—	26	—	0.71	—	40	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.07) = 18.4 per 1,000.  
death-rate (comparability factor, 1.23) = 16.1 per 1,000.

Formby U.D.—													
Year—													
1951	.....	130	*12.3	150	*14.2	2	15	1	7.58	3	23	2	15
1950	.....	114	11.0	133	12.8	3	26	nil	nil	1	9	1	9
1949	.....	113	11.6	130	13.4	2	17	nil	nil	2	18	—	—
1948	.....	135	14.0	101	10.5	4	28	nil	nil	2	14	—	—
1947	.....	134	15.0	103	11.5	1	7	nil	nil	4	29	—	—
1946	.....	176	19.8	141	15.9	5	27	nil	nil	6	34	—	—
Average rate—1946-50		—	14.2	—	12.8	—	22	—	nil	—	22	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.13) = 13.9 per 1,000.  
death-rate (comparability factor, 0.92) = 13.1 per 1,000.

Fulwood U.D.—													
Year—													
1951	.....	171	*12.8	198	*14.9	1	6	nil	nil	3	18	2	12
1950	.....	168	12.7	206	15.6	1	6	nil	nil	6	36	5	30
1949	.....	156	12.3	200	15.8	2	13	nil	nil	8	51	—	—
1948	.....	188	14.8	148	11.6	2	10	nil	nil	3	15	—	—
1947	.....	193	16.1	208	17.4	8	39	nil	nil	10	51	—	—
1946	.....	157	13.4	191	13.3	5	30	nil	nil	10	63	—	—
Average rate—1946-50		—	13.9	—	15.3	—	20	—	nil	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.16) = 14.9 per 1,000.  
death-rate (comparability factor, 0.86) = 12.8 per 1,000.

Golborne U.D.—													
Year—													
1951	.....	265	*15.5	209	*12.3	9	33	1	3.65	8	30	5	19
1950	.....	286	16.9	173	10.2	6	21	nil	nil	9	31	6	21
1949	.....	258	16.0	183	11.3	7	26	nil	nil	11	43	—	—
1948	.....	275	17.0	170	10.5	11	38	nil	nil	14	50	—	—
1947	.....	348	23.2	189	12.6	14	38	nil	nil	17	48	—	—
1946	.....	295	20.2	172	11.7	10	32	nil	nil	12	40	—	—
Average rate—1946-50		—	18.6	—	11.3	—	32	—	nil	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.93) = 14.5 per 1,000.  
death-rate (comparability factor, 1.18) = 14.5 per 1,000.

Grange U.D.—													
Year—													
1951	.....	26	*9.4	40	*14.4	2	71	nil	nil	nil	nil	nil	nil
1950	.....	25	9.1	44	16.0	nil	nil	nil	nil	1	40	1	40
1949	.....	30	10.9	38	13.9	nil	nil	nil	nil	nil	nil	—	—
1948	.....	32	11.7	39	14.3	2	58	nil	nil	3	93	—	—
1947	.....	28	10.6	48	18.1	nil	nil	nil	nil	nil	nil	—	—
1946	.....	20	7.5	42	15.8	1	47	nil	nil	nil	nil	—	—
Average rate—1946-50		—	10.0	—	15.6	—	22	—	nil	—	30	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.34) = 12.6 per 1,000.  
death-rate (comparability factor, 0.60) = 8.6 per 1,000.



				Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality			
												Total		Neo-natal	
				No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Great Harwood U.D.—</b>															
<b>Year—</b>															
<b>1951</b>	.....	.....	.....	130	*12·1	205	*19·2	1	8	nil	nil	4	31	2	15
1950	.....	.....	.....	145	13·1	200	18·1	8	52	nil	nil	3	21	3	21
1949	.....	.....	.....	159	14·4	159	14·4	5	30	nil	nil	10	63	—	—
1948	.....	.....	.....	190	17·5	158	14·6	4	20	nil	nil	7	36	—	—
1947	.....	.....	.....	194	18·5	151	14·4	5	25	nil	nil	6	30	—	—
1946	.....	.....	.....	170	16·4	164	15·8	6	34	nil	nil	10	58	—	—
<b>Average rate—1946-50.....</b>				—	16·0	—	15·5	—	32	—	nil	—	42	—	—

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.05) = 12.7 per 1,000.} \\ \text{death-rate (comparability factor, 0.84) = 16.1 per 1,000.} \end{cases}$

Haslingden M.B.—															
Year—															
1951	.....	.....	.....	204	*14·2	254	*17·6	6	29	nil	nil	4	20	nil	nil
1950	.....	.....	.....	202	13·8	260	17·7	5	24	nil	nil	8	40	6	30
1949	.....	.....	.....	202	13·8	257	17·6	9	43	nil	nil	9	45	—	—
1948	.....	.....	.....	250	17·1	219	15·0	3	11	nil	nil	16	64	—	—
1947	.....	.....	.....	287	20·1	232	16·3	7	23	1	3·40	17	59	—	—
1946	.....	.....	.....	234	16·7	224	16·0	9	37	2	8·23	12	51	—	—
Average rate—1946-50.....				—	16·3	—	16·5	—	27	—	2·48	—	53	—	—

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.08) = 15.3 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 0.87) = 15.3 \text{ per 1,000.} \end{cases}$

Haydock U.D.—															
Year—															
1951	.....	.....	.....	209	*17·8	122	*10·4	5	23	nil	nil	6	29	5	24
1950	.....	.....	.....	211	17·6	138	11·5	5	23	nil	nil	12	57	7	33
1949	.....	.....	.....	225	18·9	121	10·2	5	22	nil	nil	8	36	—	—
1948	.....	.....	.....	207	17·4	111	9·3	5	23	nil	nil	8	38	—	—
1947	.....	.....	.....	282	24·4	123	10·6	7	24	3	10·38	13	46	—	—
1946	.....	.....	.....	251	22·1	89	7·8	6	23	1	3·89	12	47	—	—
Average rate—1946-50.....				—	20·1	—	9·9	—	23	—	3·32	—	45	—	—

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.02) = 18.1 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.21) = 12.5 \text{ per 1,000.} \end{cases}$

Heywood M.B.—															
Year—															
1951	.....	.....	.....	372	*14·8	398	*15·8	11	29	nil	nil	11	30	6	16
1950	.....	.....	.....	394	15·5	333	13·1	16	39	1	2·44	10	25	8	20
1949	.....	.....	.....	424	16·8	321	12·7	12	28	nil	nil	24	57	—	—
1948	.....	.....	.....	454	18·2	313	12·5	17	36	3	6·36	16	35	—	—
1947	.....	.....	.....	554	22·3	365	14·7	15	26	nil	nil	25	45	—	—
1946	.....	.....	.....	456	18·7	352	14·4	15	31	2	4·24	27	59	—	—
Average rate—1946-50.....				—	18·3	—	13·5	—	32	—	2·55	—	45	—	—

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.01) = 14.9 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.03) = 16.3 \text{ per 1,000.} \end{cases}$

Hindley U.D.—															
Year—															
1951	.....	.....	.....	283	*14·6	293	*15·2	7	24	1	3·45	9	32	3	11
1950	.....	.....	.....	304	15·6	269	13·8	7	23	nil	nil	18	59	10	33
1949	.....	.....	.....	305	15·7	263	13·6	17	53	1	3·11	18	59	—	—
1948	.....	.....	.....	355	18·3	220	11·3	6	16	1	2·77	11	30	—	—
1947	.....	.....	.....	403	21·1	250	13·1	14	33	2	4·79	23	57	—	—
1946	.....	.....	.....	362	19·1	244	12·9	9	24	nil	nil	22	60	—	—
Average rate—1946-50.....				—	18·0	—	13·0	—	30	—	2·24	—	53	—	—

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 0.98)} = 14.3 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.10)} = 16.7 \text{ per 1,000.} \end{cases}$

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Horwich U.D.—</b>													
Year—													
1951	.....	215	*13.9	216	*14.0	3	14	nil	nil	5	23	3	14
1950	.....	205	13.2	203	13.1	7	33	nil	nil	4	20	1	5
1949	.....	236	15.3	218	14.1	8	32	1	4.10	10	42	—	—
1948	.....	223	14.5	178	11.5	10	42	nil	nil	4	17	—	—
1947	.....	295	19.1	183	11.8	10	32	nil	nil	12	40	—	—
1946	.....	267	17.4	198	12.9	6	21	nil	nil	8	29	—	—
Average rate—1946-50.....		—	15.9	—	12.7	—	32	—	0.79	—	31	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.01) = 14.0 per 1,000.  
death-rate (comparability factor, 0.97) = 13.6 per 1,000.

#### Huyton-with-Roby U.D.—

Year—													
1951	.....	988	*17.5	444	*7.9	30	29	nil	nil	35	35	22	22
1950	.....	1051	18.9	456	8.2	34	31	1	0.92	35	33	12	11
1949	.....	1124	20.6	437	8.0	21	18	1	0.87	59	52	—	—
1948	.....	1189	22.2	425	7.9	29	23	2	1.64	59	49	—	—
1947	.....	1342	26.6	447	8.8	32	23	nil	nil	100	74	—	—
1946	.....	1225	25.5	442	9.2	35	27	1	0.79	85	69	—	—
Average rate—1946-50.....		—	22.7	—	8.4	—	25	—	0.82	—	57	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 17.0 per 1,000.  
death-rate (comparability factor, 1.57) = 12.4 per 1,000.

#### Ince-in-Makerfield U.D.—

Year—													
1951	.....	321	*15.8	239	*11.8	8	24	1	3.04	10	31	5	16
1950	.....	371	18.2	257	12.6	8	21	nil	nil	17	46	10	27
1949	.....	394	19.2	246	12.0	9	22	1	2.48	20	51	—	—
1948	.....	439	21.5	228	11.1	12	26	nil	nil	28	63	—	—
1947	.....	503	24.9	255	12.6	19	36	2	3.83	36	71	—	—
1946	.....	438	22.0	232	11.6	8	17	nil	nil	26	59	—	—
Average rate—1946-50.....		—	21.2	—	12.0	—	25	—	1.36	—	59	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.01) = 15.9 per 1,000.  
death-rate (comparability factor, 1.24) = 14.6 per 1,000.

#### Irlam U.D.—

Year—													
1951	.....	187	*12.4	169	*11.2	5	26	nil	nil	6	32	4	21
1950	.....	245	16.2	164	10.8	7	28	nil	nil	8	33	6	24
1949	.....	256	16.9	152	10.1	11	41	nil	nil	8	31	—	—
1948	.....	260	17.3	135	8.9	11	40	nil	nil	11	42	—	—
1947	.....	288	19.5	148	10.0	7	23	nil	nil	14	48	—	—
1946	.....	254	17.3	144	9.8	6	23	nil	nil	12	47	—	—
Average rate—1946-50.....		—	17.5	—	10.0	—	31	—	nil	—	41	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 12.2 per 1,000.  
death-rate (comparability factor, 1.20) = 13.5 per 1,000.

#### Kearsley U.D.—

Year—													
1951	.....	160	*15.0	172	*16.2	3	18	nil	nil	3	19	2	13
1950	.....	154	14.4	159	14.8	5	31	nil	nil	5	32	2	13
1949	.....	180	16.9	150	14.1	2	11	nil	nil	8	44	—	—
1948	.....	212	20.2	119	11.3	1	4	nil	nil	11	51	—	—
1947	.....	222	21.7	143	14.0	10	43	nil	nil	6	27	—	—
1946	.....	189	18.8	112	11.1	4	20	1	5.18	6	31	—	—
Average rate—1946-50.....		—	18.4	—	13.1	—	22	—	1.02	—	38	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 14.9 per 1,000.  
death-rate (comparability factor, 1.06) = 17.1 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality			
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	Total		Neo-natal	
										No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Kirkham U.D.—</b>													
Year—													
1951	.....	87	*11.8	75	*10.2	2	22	nil	nil	4	46	2	23
1950	.....	108	16.6	65	10.0	3	27	nil	nil	10	93	7	65
1949	.....	107	22.8	60	12.7	1	9	nil	nil	8	75	—	—
1948	.....	104	22.1	57	12.1	nil	nil	nil	nil	2	19	—	—
1947	.....	95	22.0	53	12.3	4	40	nil	nil	1	10	—	—
1946	.....	78	18.6	61	14.6	nil	nil	1	12.82	4	51	—	—
Average rate—1946-50.....		—	20.2	—	12.1	—	16	—	2.00	—	51	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.27) = 14.9 per 1,000.  
death-rate (comparability factor, 1.40) = 14.2 per 1,000.

**Lancaster M.B.—**

Year—													
1951	.....	730	*14.3	643	*12.6	19	25	1	1.34	28	38	21	29
1950	.....	770	14.9	611	11.8	12	15	1	1.28	38	49	24	31
1949	.....	827	16.2	598	11.7	20	24	1	1.18	32	39	—	—
1948	.....	858	17.0	552	10.9	22	25	2	2.27	24	27	—	—
1947	.....	1030	20.3	614	12.1	26	24	1	0.94	43	41	—	—
1946	.....	907	18.2	503	10.0	27	28	1	1.07	37	40	—	—
Average rate—1946-50.....		—	17.3	—	11.4	—	24	—	1.36	—	40	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.14) = 16.2 per 1,000.  
death-rate (comparability factor, 0.99) = 12.4 per 1,000.

**Lees U.D.—**

Year—													
1951	.....	52	*12.4	74	*17.6	4	71	nil	nil	2	38	1	19
1950	.....	59	13.9	55	13.0	1	17	nil	nil	1	17	1	17
1949	.....	90	21.4	51	12.1	3	32	nil	nil	2	22	—	—
1948	.....	76	18.0	60	14.2	2	25	nil	nil	3	39	—	—
1947	.....	81	19.7	61	14.9	3	35	nil	nil	3	37	—	—
1946	.....	81	19.7	58	14.1	1	12	nil	nil	3	37	—	—
Average rate—1946-50.....		—	18.5	—	13.7	—	25	—	nil	—	31	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.02) = 12.6 per 1,000.  
death-rate (comparability factor, 0.91) = 16.0 per 1,000.

**Leigh M.B.—**

Year—													
1951	.....	712	*14.7	618	*12.7	26	35	1	1.36	18	25	13	18
1950	.....	806	16.5	577	11.8	20	24	1	1.21	15	19	7	9
1949	.....	843	17.4	600	12.4	27	31	1	1.15	35	42	—	—
1948	.....	864	17.9	549	11.3	36	40	1	1.11	32	37	—	—
1947	.....	1049	22.2	604	12.7	45	41	nil	nil	54	51	—	—
1946	.....	949	20.4	535	11.5	26	26	nil	nil	53	55	—	—
Average rate—1946-50.....		—	18.9	—	12.0	—	33	—	0.64	—	42	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 14.2 per 1,000.  
death-rate (comparability factor, 1.11) = 14.1 per 1,000.

**Leyland U.D.—**

Year—													
1951	.....	227	*15.5	177	*12.1	7	30	nil	nil	5	22	2	9
1950	.....	239	16.2	194	13.2	8	32	1	4.05	2	8	2	8
1949	.....	224	15.4	159	10.9	3	13	nil	nil	9	40	—	—
1948	.....	257	17.7	133	9.1	8	30	nil	nil	9	35	—	—
1947	.....	314	21.7	146	10.1	3	9	nil	nil	20	63	—	—
1946	.....	266	18.6	158	11.0	6	22	1	3.67	9	33	—	—
Average rate—1946-50.....		—	17.9	—	10.9	—	21	—	1.51	—	38	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 15.0 per 1,000.  
death-rate (comparability factor, 1.14) = 13.8 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
Litherland U.D.—													
Year—													
1951	.....	395	*17.8	240	*10.8	7	17	nil	nil	12	30	8	20
1950	.....	421	18.4	217	9.5	10	23	nil	nil	8	19	3	7
1949	.....	440	19.6	209	9.3	7	16	nil	nil	20	45	—	—
1948	.....	472	21.3	207	9.3	7	14	1	2.08	17	36	—	—
1947	.....	557	27.0	232	11.2	10	17	1	1.76	33	59	—	—
1946	.....	453	23.2	232	11.9	18	38	1	2.12	31	68	—	—
Average rate—1946-50.....		—	21.8	—	10.2	—	22	—	1.25	—	47	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.87) = 15.5 per 1,000.  
death-rate (comparability factor, 1.23) = 13.3 per 1,000.

## Littleborough U.D.—

Year—													
1951	.....	164	*15.0	185	*16.9	3	18	nil	nil	6	37	2	12
1950	.....	174	15.7	164	14.8	7	39	nil	nil	8	46	5	29
1949	.....	185	16.8	167	15.1	5	26	nil	nil	10	54	—	—
1948	.....	190	17.5	155	14.3	7	35	nil	nil	11	57	—	—
1947	.....	228	21.8	171	16.4	9	37	nil	nil	14	61	—	—
1946	.....	205	20.0	158	15.4	6	28	2	9.47	8	39	—	—
Average rate—1946-50.....		—	18.3	—	15.2	—	33	—	1.97	—	52	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 15.0 per 1,000.  
death-rate (comparability factor, 0.97) = 16.4 per 1,000.

## Little Lever U.D.—

Year—													
1951	.....	73	*15.5	75	*15.9	1	14	nil	nil	2	27	2	27
1950	.....	60	12.5	81	16.9	nil	nil	nil	nil	4	67	1	17
1949	.....	63	13.2	60	12.6	3	45	nil	nil	nil	nil	—	—
1948	.....	92	19.3	78	16.3	2	21	nil	nil	3	32	—	—
1947	.....	90	19.5	68	14.7	3	32	nil	nil	5	55	—	—
1946	.....	79	17.3	74	16.2	6	70	nil	nil	6	75	—	—
Average rate—1946-50.....		—	16.4	—	15.4	—	35	—	nil	—	47	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.01) = 15.7 per 1,000.  
death-rate (comparability factor, 1.03) = 16.4 per 1,000.

## Longridge U.D.—

Year—													
1951	.....	86	*20.0	63	*14.6	1	11	nil	nil	1	12	1	12
1950	.....	76	17.7	47	10.9	2	26	nil	nil	1	13	1	13
1949	.....	67	16.3	57	13.9	3	43	nil	nil	3	45	—	—
1948	.....	100	25.1	60	15.1	3	29	nil	nil	1	10	—	—
1947	.....	81	20.2	61	15.2	2	24	nil	nil	6	74	—	—
1946	.....	89	22.7	52	13.2	4	43	nil	nil	nil	nil	—	—
Average rate—1946-50.....		—	20.4	—	13.7	—	33	—	nil	—	27	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.09) = 21.8 per 1,000.  
death-rate (comparability factor, 0.93) = 13.6 per 1,000.

## Lytham St. Annes M.B.—

Year—													
1951	.....	340	*11.3	553	*18.4	4	12	nil	nil	12	35	8	24
1950	.....	360	11.9	522	17.3	10	27	1	2.70	11	31	10	28
1949	.....	327	10.9	475	15.8	12	35	nil	nil	11	34	—	—
1948	.....	413	13.6	485	16.0	9	21	1	2.36	12	29	—	—
1947	.....	441	14.1	527	16.9	12	26	nil	nil	19	43	—	—
1946	.....	362	11.8	492	16.1	14	37	nil	nil	11	30	—	—
Average rate—1946-50.....		—	12.5	—	16.4	—	29	—	1.02	—	34	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.06) = 12.0 per 1,000.  
death-rate (comparability factor, 0.70) = 12.9 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Middleton M.B.—</b>													
Year—													
1951	.....	523	*16.1	485	*14.9	8	15	2	3.77	15	29	11	21
1950	.....	537	16.3	401	12.2	17	31	1	1.81	21	39	11	20
1949	.....	526	16.3	436	13.5	9	17	1	1.87	17	32	—	—
1948	.....	586	18.2	404	12.5	13	21	1	1.66	23	39	—	—
1947	.....	691	22.5	400	13.0	11	15	nil	nil	38	54	—	—
1946	.....	570	18.8	359	11.9	18	30	1	1.70	28	49	—	—
Average rate—1946-50.....		—	18.4	—	12.6	—	23	—	1.34	—	44	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 15.7 per 1,000.  
death-rate (comparability factor, 1.02) = 15.2 per 1,000.

**Milnrow U.D.—**

Year—													
1951	.....	142	*16.6	123	*14.4	3	21	nil	nil	5	35	4	28
1950	.....	134	15.6	126	14.7	2	15	nil	nil	3	22	2	15
1949	.....	146	17.1	128	15.0	1	7	1	6.80	6	41	—	—
1948	.....	145	17.2	117	13.8	5	33	1	6.66	9	62	—	—
1947	.....	166	20.0	112	13.5	4	23	nil	nil	5	30	—	—
1946	.....	147	18.0	105	12.9	3	20	nil	nil	6	40	—	—
Average rate—1946-50.....		—	17.6	—	14.0	—	20	—	2.66	—	39	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 16.3 per 1,000.  
death-rate (comparability factor, 0.94) = 13.5 per 1,000.

**Morecambe and Heysham M.B.—**

Year—													
1951	.....	428	*11.6	751	*20.4	22	49	nil	nil	13	30	12	28
1950	.....	404	10.9	697	18.8	10	24	nil	nil	16	40	10	25
1949	.....	465	12.7	637	17.4	10	21	nil	nil	16	34	—	—
1948	.....	442	12.0	523	14.2	8	17	1	2.22	25	56	—	—
1947	.....	532	14.3	663	17.9	6	11	2	3.71	29	54	—	—
1946	.....	520	13.9	570	15.2	17	31	nil	nil	25	48	—	—
Average rate—1946-50.....		—	12.8	—	16.7	—	21	—	1.24	—	47	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.09) = 12.7 per 1,000.  
death-rate (comparability factor, 0.73) = 14.9 per 1,000.

**Mossley M.B.—**

Year—													
1951	.....	146	*14.1	168	*16.2	3	20	nil	nil	8	55	6	41
1950	.....	152	14.4	149	14.2	4	26	nil	nil	5	33	2	13
1949	.....	170	16.2	138	13.1	4	23	nil	nil	11	65	—	—
1948	.....	200	19.1	122	11.6	5	24	nil	nil	9	40	—	—
1947	.....	235	22.5	148	14.1	4	16	nil	nil	9	38	—	—
1946	.....	199	19.4	142	13.8	8	38	nil	nil	8	40	—	—
Average rate—1946-50.....		—	18.3	—	13.4	—	25	—	nil	—	44	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 13.9 per 1,000.  
death-rate (comparability factor, 0.95) = 15.4 per 1,000.

**Nelson M.B.—**

Year—													
1951	.....	464	*13.6	580	*16.9	13	27	1	2.10	13	28	10	22
1950	.....	490	14.1	564	16.3	5	10	2	4.04	6	12	5	10
1949	.....	478	13.8	548	15.9	14	28	nil	nil	17	36	—	—
1948	.....	567	16.4	520	15.0	15	25	nil	nil	23	40	—	—
1947	.....	667	20.1	497	14.9	11	16	1	1.47	27	40	—	—
1946	.....	531	16.2	494	15.1	28	50	nil	nil	15	28	—	—
Average rate—1946-50.....		—	16.1	—	15.5	—	26	—	1.07	—	32	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.06) = 14.4 per 1,000.  
death-rate (comparability factor, 0.88) = 14.9 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Total		Infant mortality Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
Newton-le-Willows U.D.—													
Year—													
1951	.....	346	*15.9	252	*11.6	8	23	nil	nil	9	26	5	14
1950	.....	343	15.6	261	11.9	7	20	nil	nil	14	41	9	26
1949	.....	357	16.5	234	10.8	9	25	nil	nil	20	56	—	—
1948	.....	346	16.1	213	9.9	6	17	nil	nil	20	57	—	—
1947	.....	399	18.7	264	12.4	16	38	1	2.40	23	57	—	—
1946	.....	369	17.4	241	11.4	13	34	nil	nil	23	62	—	—
Average rate—1946-50		—	16.9	—	11.3	—	27	—	0.54	—	55	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 15.7 per 1,000.  
death-rate (comparability factor, 1.08) = 12.5 per 1,000.

## Ormskirk U.D.—

Year—													
1951	.....	314	*15.0	325	*15.5	7	22	nil	nil	18	57	10	32
1950	.....	291	14.5	268	13.3	5	17	nil	nil	8	27	4	14
1949	.....	298	14.8	235	11.7	12	39	1	3.23	14	47	—	—
1948	.....	345	17.2	234	11.6	8	22	1	2.83	19	55	—	—
1947	.....	375	17.8	282	13.4	12	31	3	7.75	24	64	—	—
1946	.....	356	17.4	216	10.6	8	21	nil	nil	14	39	—	—
Average rate—1946-50		—	16.4	—	12.2	—	26	—	2.92	—	47	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 15.0 per 1,000.  
death-rate (comparability factor, 0.98) = 15.2 per 1,000.

## Orrell U.D.—

Year—													
1951	.....	144	*15.5	116	*12.5	2	14	nil	nil	1	7	1	7
1950	.....	145	15.9	107	11.7	5	33	nil	nil	3	21	3	21
1949	.....	130	14.2	116	12.6	3	23	nil	nil	7	54	—	—
1948	.....	164	18.6	107	12.1	2	12	1	6.02	8	48	—	—
1947	.....	185	21.2	121	13.8	3	15	nil	nil	13	70	—	—
1946	.....	160	18.6	95	11.0	5	30	nil	nil	7	43	—	—
Average rate—1946-50		—	17.7	—	12.3	—	22	—	1.25	—	48	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 15.5 per 1,000.  
death-rate (comparability factor, 1.20) = 14.9 per 1,000.

## Oswaldtwistle U.D.—

Year—													
1951	.....	174	*14.5	205	*17.0	7	39	nil	nil	3	17	2	11
1950	.....	185	14.9	196	15.7	4	21	nil	nil	2	11	1	5
1949	.....	163	13.1	184	14.8	6	36	nil	nil	6	37	—	—
1948	.....	208	17.1	172	14.1	4	18	nil	nil	3	14	—	—
1947	.....	207	16.9	209	17.0	6	28	1	4.69	13	62	—	—
1946	.....	225	18.6	194	16.0	7	30	nil	nil	11	48	—	—
Average rate—1946-50		—	16.1	—	15.6	—	27	—	0.99	—	35	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.03) = 14.9 per 1,000.  
death-rate (comparability factor, 0.92) = 15.7 per 1,000.

## Padiham U.D.—

Year—													
1951	.....	142	*14.2	179	*17.9	7	47	nil	nil	2	14	1	7
1950	.....	155	15.4	146	14.5	4	25	nil	nil	4	26	4	26
1949	.....	149	14.7	150	14.8	2	13	nil	nil	2	13	—	—
1948	.....	168	16.7	161	16.0	1	5	nil	nil	11	65	—	—
1947	.....	235	23.9	139	14.1	1	4	nil	nil	9	38	—	—
1946	.....	195	20.2	156	16.1	5	25	nil	nil	13	66	—	—
Average rate—1946-50		—	18.1	—	15.1	—	14	—	nil	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.04) = 14.8 per 1,000.  
death-rate (comparability factor, 0.89) = 15.9 per 1,000.



## Poulton-le-Fylde U.D.—

Year—

	Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1951 .....	120	*16.0	119	*15.8	1	8	nil	nil	4	33	3	25
1950 .....	99	12.9	103	13.4	4	39	nil	nil	1	10	1	10
1949 .....	82	10.8	98	12.9	4	47	nil	nil	3	37	—	—
1948 .....	118	15.4	109	14.2	3	24	nil	nil	5	42	—	—
1947 .....	118	15.5	95	12.5	1	8	nil	nil	12	101	—	—
1946 .....	109	14.9	98	13.4	2	18	nil	nil	1	9	—	—
Average rate—1946-50.....	—	13.9	—	13.3	—	26	—	nil	—	42	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.03) = 16.5 per 1,000.  
death-rate (comparability factor, 0.89) = 14.1 per 1,000.

## Preesall U.D.—

Year—

	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1951 .....	23	*10.5	36	*16.4	3	115	nil	nil	nil	nil	nil	nil
1950 .....	23	10.4	37	16.7	nil	nil	nil	nil	2	87	2	87
1949 .....	35	16.0	29	13.2	1	28	nil	nil	nil	nil	—	—
1948 .....	37	16.7	32	14.4	nil	nil	nil	nil	nil	nil	—	—
1947 .....	44	20.7	46	21.7	nil	nil	nil	nil	nil	nil	—	—
1946 .....	30	14.4	27	13.0	1	32	nil	nil	1	33	—	—
Average rate—1946-50.....	—	15.7	—	15.8	—	12	—	nil	—	18	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.17) = 12.2 per 1,000.  
death-rate (comparability factor, 0.71) = 11.6 per 1,000.

## Prescot U.D.—

Year—

	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1951 .....	209	*16.8	146	*11.7	3	14	nil	nil	3	14	3	14
1950 .....	229	18.3	147	11.7	3	13	nil	nil	9	39	4	17
1949 .....	250	20.2	170	13.7	11	42	1	3.83	10	40	—	—
1948 .....	243	19.7	147	11.9	9	35	nil	nil	14	57	—	—
1947 .....	295	24.5	130	10.8	13	42	nil	nil	12	40	—	—
1946 .....	247	20.9	127	10.7	14	53	nil	nil	20	80	—	—
Average rate—1946-50.....	—	20.7	—	11.8	—	38	—	0.76	—	51	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 16.3 per 1,000.  
death-rate (comparability factor, 1.12) = 13.1 per 1,000.

## Prestwich M.B.—

Year—

	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1951 .....	434	*12.6	432	*12.6	15	33	nil	nil	9	21	7	16
1950 .....	447	12.9	364	10.5	6	13	1	2.21	17	38	12	27
1949 .....	434	12.5	371	10.7	16	36	nil	nil	10	23	—	—
1948 .....	498	14.3	343	9.8	4	7	1	1.99	20	40	—	—
1947 .....	595	17.3	389	11.3	18	29	nil	nil	29	48	—	—
1946 .....	543	15.9	368	10.7	16	28	nil	nil	19	34	—	—
Average rate—1946-50.....	—	14.6	—	10.6	—	23	—	0.78	—	38	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.09) = 13.8 per 1,000.  
death-rate (comparability factor, 1.01) = 12.7 per 1,000.

## Radcliffe M.B.—

Year—

	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1951 .....	381	*13.8	449	*16.3	10	26	nil	nil	17	45	11	29
1950 .....	409	14.8	446	16.1	10	24	nil	nil	16	39	8	20
1949 .....	449	16.2	384	13.9	12	26	1	2.17	19	42	—	—
1948 .....	456	16.4	394	14.2	14	29	nil	nil	20	43	—	—
1947 .....	574	20.9	401	14.6	19	32	nil	nil	20	34	—	—
1946 .....	488	18.1	355	13.2	16	31	nil	nil	21	43	—	—
Average rate—1946-50.....	—	17.3	—	14.4	—	29	—	0.41	—	40	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.03) = 14.2 per 1,000.  
death-rate (comparability factor, 0.99) = 16.1 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Rainford U.D.—</b>													
Year—													
1951	.....	85	*21.1	53	*13.1	2	23	nil	nil	1	12	1	12
1950	.....	58	14.3	44	10.9	nil	nil	nil	nil	2	34	2	34
1949	.....	63	15.8	37	9.3	1	16	nil	nil	2	32	—	—
1948	.....	76	19.4	37	9.4	5	61	nil	nil	nil	nil	—	—
1947	.....	98	25.8	48	12.6	3	29	1	9.90	8	81	—	—
1946	.....	61	16.5	56	15.2	1	16	1	16.12	3	49	—	—
Average rate—1946-50		—	18.4	—	11.4	—	27	—	5.46	—	42	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.95) = 20.0 per 1,000.  
death-rate (comparability factor, 1.06) = 13.9 per 1,000.

**Ramsbottom U.D.—**

Year—													
1951	.....	204	*14.2	248	*17.2	5	24	nil	nil	5	25	2	10
1950	.....	207	14.3	230	15.9	5	24	nil	nil	5	24	4	19
1949	.....	210	14.5	199	13.7	9	41	nil	nil	4	19	—	—
1948	.....	241	16.7	219	15.2	5	20	nil	nil	3	12	—	—
1947	.....	296	21.0	249	17.6	4	13	nil	nil	13	43	—	—
1946	.....	248	17.8	211	15.1	8	31	1	3.90	13	52	—	—
Average rate—1946-50		—	16.9	—	15.5	—	25	—	0.81	—	32	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.06) = 15.0 per 1,000.  
death-rate (comparability factor, 0.85) = 14.7 per 1,000.

**Rawtenstall M.B.—**

Year—													
1951	.....	334	*13.2	425	*16.8	11	32	nil	nil	11	33	10	30
1950	.....	355	14.0	393	15.5	7	19	1	2.76	13	37	7	20
1949	.....	386	15.3	389	15.4	5	13	nil	nil	11	28	—	—
1948	.....	408	16.2	359	14.2	11	26	1	2.38	24	58	—	—
1947	.....	495	20.0	377	15.3	13	25	2	3.93	24	48	—	—
1946	.....	388	15.9	346	14.2	20	49	3	7.35	15	38	—	—
Average rate—1946-50		—	16.3	—	15.0	—	27	—	3.35	—	43	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.02) = 13.5 per 1,000.  
death-rate (comparability factor, 0.92) = 15.4 per 1,000.

**Rishton U.D.—**

Year—													
1951	.....	70	*12.1	91	*15.7	4	54	nil	nil	nil	nil	nil	nil
1950	.....	78	13.2	93	15.7	3	37	nil	nil	2	26	1	13
1949	.....	90	15.4	87	14.9	2	22	nil	nil	2	22	—	—
1948	.....	84	14.8	72	12.7	2	23	nil	nil	2	23	—	—
1947	.....	118	21.5	87	15.9	1	8	1	8.40	3	25	—	—
1946	.....	92	17.0	87	16.0	2	21	1	10.63	5	54	—	—
Average rate—1946-50		—	16.3	—	15.1	—	21	—	4.24	—	30	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.04) = 12.6 per 1,000.  
death-rate comparability factor, 0.90) = 14.1 per 1,000.

**Royton U.D.—**

Year—													
1951	.....	196	*13.3	225	*15.3	5	25	nil	nil	9	46	7	36
1950	.....	230	15.5	213	14.4	8	34	nil	nil	8	35	5	22
1949	.....	220	14.9	201	13.6	3	13	nil	nil	13	59	—	—
1948	.....	247	16.6	207	13.9	8	31	nil	nil	5	20	—	—
1947	.....	326	22.2	190	12.9	9	26	nil	nil	12	36	—	—
1946	.....	274	18.8	188	12.9	6	21	1	3.57	13	47	—	—
Average rate—1946-50		—	17.6	—	13.6	—	26	—	0.75	—	39	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 13.0 per 1,000.  
death-rate (comparability factor, 1.03) = 15.7 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Skelmersdale U.D.—</b>													
Year—													
1951	.....	97	*15.4	80	*12.7	5	49	nil	nil	6	62	2	21
1950	.....	84	13.5	70	11.2	1	12	nil	nil	5	60	4	48
1949	.....	113	18.5	69	11.3	2	17	nil	nil	6	53	—	—
1948	.....	92	15.0	63	10.3	1	10	nil	nil	4	43	—	—
1947	.....	159	26.8	77	12.9	6	36	nil	nil	11	69	—	—
1946	.....	132	22.4	86	14.6	9	63	1	7.09	10	75	—	—
Average rate—1946-50		—	19.2	—	12.1	—	32	—	1.67	—	62	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 15.2 per 1,000.  
death-rate (comparability factor, 1.11) = 14.1 per 1,000.

#### Standish-with-Langtree U.D.—

Year—													
1951	.....	119	*13.3	133	*14.9	2	17	nil	nil	6	50	4	34
1950	.....	129	14.4	103	11.5	2	15	nil	nil	6	47	5	39
1949	.....	128	14.2	113	12.6	2	15	nil	nil	6	47	—	—
1948	.....	127	14.2	92	10.3	2	15	nil	nil	5	39	—	—
1947	.....	198	22.8	116	13.3	8	38	nil	nil	9	45	—	—
1946	.....	145	17.0	101	11.8	4	26	nil	nil	2	13	—	—
Average rate—1946-50		—	16.5	—	11.9	—	24	—	nil	—	39	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 13.1 per 1,000.  
death-rate (comparability factor, 1.06) = 15.8 per 1,000.

#### Stretford M.B.—

Year—													
1951	.....	1016	*16.4	702	*11.4	23	22	1	0.96	19	19	10	10
1950	.....	1073	17.2	699	11.2	16	15	1	0.92	33	31	22	21
1949	.....	1139	18.4	732	11.8	28	24	nil	nil	41	36	—	—
1948	.....	1222	19.9	656	10.6	32	25	1	0.79	57	46	—	—
1947	.....	1361	22.5	763	12.6	27	19	3	2.16	55	40	—	—
1946	.....	1249	21.3	705	12.0	54	41	1	0.76	57	45	—	—
Average rate—1946-50		—	19.8	—	11.7	—	25	—	0.97	—	40	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.95) = 15.6 per 1,000.  
death-rate (comparability factor, 1.12) = 12.7 per 1,000.

#### Swinton and Pendlebury M.B.—

Year—													
1951	.....	564	*13.8	548	*13.4	13	23	nil	nil	13	23	9	16
1950	.....	589	14.2	507	12.3	14	23	2	3.32	10	17	5	8
1949	.....	647	15.6	517	12.5	19	29	nil	nil	13	20	—	—
1948	.....	738	17.8	446	10.8	22	28	nil	nil	30	40	—	—
1947	.....	805	20.0	482	11.9	30	35	2	2.39	27	33	—	—
1946	.....	710	17.9	492	12.4	21	28	nil	nil	30	42	—	—
Average rate—1946-50		—	17.1	—	12.0	—	29	—	1.11	—	32	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.96) = 13.2 per 1,000.  
death-rate (comparability factor, 1.09) = 14.6 per 1,000.

#### Thornton Cleveleys U.D.—

Year—													
1951	.....	185	*12.1	280	*18.2	3	16	nil	nil	3	16	3	16
1950	.....	180	11.5	288	18.4	6	32	nil	nil	3	17	3	17
1949	.....	207	13.3	263	16.9	3	14	nil	nil	9	43	—	—
1948	.....	226	14.3	221	13.9	4	17	nil	nil	9	39	—	—
1947	.....	231	14.6	236	14.9	7	29	nil	nil	7	30	—	—
1946	.....	234	15.1	262	16.9	10	40	1	4.09	11	47	—	—
Average rate—1946-50		—	13.8	—	16.2	—	27	—	0.90	—	36	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.15) = 13.9 per 1,000.  
death-rate (comparability factor, 0.75) = 13.7 per 1,000.

		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality			
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	Total		Neo-natal	
										No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Tottington U.D.—</b>													
Year—													
1951	.....	61	*10.5	110	*18.9	1	16	nil	nil	1	16	1	16
1950	.....	68	11.3	88	14.6	3	42	nil	nil	1	15	1	15
1949	.....	88	14.7	116	19.3	2	22	nil	nil	6	68	—	—
1948	.....	88	14.4	81	13.3	2	22	nil	nil	5	56	—	—
1947	.....	106	18.3	83	14.3	2	18	1	9.25	6	56	—	—
1946	.....	99	17.4	93	16.3	1	10	nil	nil	5	50	—	—
Average rate—1946-50		—	15.2	—	15.6	—	22	—	2.18	—	51	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.11) = 11.6 per 1,000.  
death-rate (comparability factor, 0.83) = 15.7 per 1,000.

<b>Trawden U.D.—</b>													
Year—													
1951	.....	36	*17.0	35	*16.6	nil	nil	nil	nil	nil	nil	nil	nil
1950	.....	34	15.7	29	13.4	1	29	nil	nil	nil	nil	nil	nil
1949	.....	24	11.5	47	22.5	1	40	nil	nil	2	83	—	—
1948	.....	26	12.8	32	15.8	1	37	nil	nil	3	115	—	—
1947	.....	41	19.9	41	19.9	1	23	nil	nil	1	24	—	—
1946	.....	38	18.6	26	12.7	2	50	nil	nil	nil	nil	—	—
Average rate—1946-50		—	15.7	—	16.9	—	36	—	nil	—	37	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.14) = 19.4 per 1,000.  
death-rate (comparability factor, 0.88) = 14.6 per 1,000.

<b>Turton U.D.—</b>													
Year—													
1951	.....	139	*12.8	188	*17.3	2	14	nil	nil	3	22	2	14
1950	.....	146	13.3	178	16.2	3	20	nil	nil	8	55	5	34
1949	.....	160	14.6	144	13.1	4	24	1	6.10	2	13	—	—
1948	.....	164	15.0	139	12.7	3	17	nil	nil	3	18	—	—
1947	.....	203	18.8	165	15.3	8	37	nil	nil	6	29	—	—
1946	.....	164	15.2	139	12.9	4	23	nil	nil	4	24	—	—
Average rate—1946-50		—	15.4	—	14.1	—	26	—	1.16	—	27	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.10) = 14.0 per 1,000.  
death-rate (comparability factor, 0.88) = 15.2 per 1,000.

<b>Tyldesley U.D.—</b>													
Year—													
1951	.....	249	*13.9	263	*14.7	7	27	nil	nil	12	48	8	32
1950	.....	271	15.0	234	12.9	8	29	nil	nil	13	48	9	33
1949	.....	264	14.6	231	12.7	13	47	nil	nil	13	49	—	—
1948	.....	312	17.2	212	11.7	5	15	1	3.15	11	35	—	—
1947	.....	354	19.7	214	11.9	8	22	1	2.76	12	33	—	—
1946	.....	324	18.2	195	10.9	10	29	nil	nil	21	64	—	—
Average rate—1946-50		—	16.9	—	12.1	—	28	—	1.27	—	46	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.97) = 13.5 per 1,000.  
death-rate (comparability factor, 1.08) = 15.9 per 1,000.

<b>Ulverston U.D.—</b>													
Year—													
1951	.....	138	*13.9	155	*15.6	2	14	nil	nil	1	7	1	7
1950	.....	158	15.9	147	14.8	3	19	nil	nil	7	44	2	13
1949	.....	175	17.9	140	14.4	2	11	nil	nil	4	23	—	—
1948	.....	165	16.7	127	12.8	4	23	nil	nil	6	36	—	—
1947	.....	202	20.4	147	14.8	3	14	nil	nil	10	49	—	—
1946	.....	178	18.1	121	12.3	5	27	nil	nil	1	5	—	—
Average rate—1946-50		—	17.8	—	13.9	—	19	—	nil	—	32	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.05) = 14.6 per 1,000.  
death-rate (comparability factor, 0.88) = 13.7 per 1,000.



		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Upholland U.D.—</b>													
Year—													
1951	.....	101	*16.0	71	*11.2	1	10	nil	nil	4	40	3	30
1950	.....	95	15.5	66	10.7	2	21	nil	nil	6	63	3	32
1949	.....	103	16.8	76	12.4	2	19	nil	nil	4	39	—	—
1948	.....	127	20.7	54	8.8	1	7	nil	nil	4	31	—	—
1947	.....	128	20.1	59	9.3	5	37	nil	nil	1	7	—	—
1946	.....	122	19.5	54	8.6	4	31	nil	nil	6	49	—	—
Average rate—1946-50		—	18.6	—	10.0	—	24	—	nil	—	37	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 16.0 per 1,000.  
death-rate (comparability factor, 1.09) = 12.2 per 1,000.

**Urmston U.D.—**

Year—													
1951	.....	603	*15.6	445	*11.5	14	23	1	1.62	6	10	4	7
1950	.....	623	16.0	401	10.3	15	24	1	1.57	13	21	5	8
1949	.....	673	17.3	422	10.8	15	22	2	2.91	21	31	—	—
1948	.....	673	17.4	382	9.9	24	34	nil	nil	20	29	—	—
1947	.....	827	21.7	440	11.5	19	22	1	1.18	28	33	—	—
1946	.....	650	17.6	399	10.8	19	28	nil	nil	20	30	—	—
Average rate—1946-50		—	18.0	—	10.7	—	26	—	1.13	—	30	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.93) = 14.5 per 1,000.  
death-rate (comparability factor, 1.10) = 12.7 per 1,000.

**Walton-le-Dale U.D.—**

Year—													
1951	.....	237	*16.2	201	*13.8	6	25	nil	nil	5	21	5	21
1950	.....	233	15.6	150	10.1	2	9	nil	nil	5	21	2	9
1949	.....	255	17.3	152	10.3	7	27	2	7.63	6	24	—	—
1948	.....	255	17.3	187	12.6	5	19	nil	nil	12	47	—	—
1947	.....	303	21.5	158	11.2	15	47	nil	nil	13	42	—	—
1946	.....	251	18.3	162	11.8	6	23	1	3.89	15	59	—	—
Average rate—1946-50		—	18.0	—	11.2	—	26	—	2.25	—	39	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.95) = 15.4 per 1,000.  
death-rate (comparability factor, 1.09) = 15.0 per 1,000.

**Wardle U.D.—**

Year—													
1951	.....	63	*13.2	58	*12.1	1	16	nil	nil	1	16	nil	nil
1950	.....	76	17.1	56	12.6	1	13	nil	nil	2	26	nil	nil
1949	.....	70	15.8	52	11.7	2	28	nil	nil	1	14	—	—
1948	.....	59	14.0	66	15.7	nil	nil	nil	nil	2	33	—	—
1947	.....	75	17.9	54	12.9	1	13	nil	nil	4	53	—	—
1946	.....	61	14.7	52	12.5	4	61	nil	nil	1	16	—	—
Average rate—1946-50		—	16.0	—	13.1	—	23	—	nil	—	29	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.98) = 12.9 per 1,000.  
death-rate (comparability factor, 0.77) = 9.3 per 1,000.

**Westhoughton U.D.—**

Year—													
1951	.....	178	*11.9	197	*13.2	4	22	nil	nil	3	17	2	11
1950	.....	189	12.6	197	13.1	9	45	nil	nil	4	21	2	11
1949	.....	197	13.2	164	11.0	9	44	nil	nil	7	36	—	—
1948	.....	227	15.1	170	11.3	5	21	nil	nil	4	17	—	—
1947	.....	268	17.9	180	12.0	14	49	nil	nil	12	44	—	—
1946	.....	243	16.5	200	13.5	16	61	1	3.86	10	41	—	—
Average rate—1946-50		—	15.1	—	12.2	—	45	—	0.85	—	33	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.99) = 11.8 per 1,000.  
death-rate (comparability factor, 1.05) = 13.9 per 1,000.





\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.17) = 13.8 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 0.99) = 12.3 \text{ per 1,000.} \end{cases}$

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.11) = 12.2 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 0.85) = 14.3 \text{ per 1,000.} \end{cases}$

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 0.98) = 13.7 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.04) = 14.6 \text{ per 1,000.} \end{cases}$

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.31) = 16.4 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.10) = 10.5 \text{ per 1,000.} \end{cases}$

\* 1951 adjusted  $\begin{cases} \text{live birth-rate (comparability factor, 1.36)} = 19.1 \text{ per 1,000.} \\ \text{death-rate (comparability factor, 1.18)} = 10.5 \text{ per 1,000.} \end{cases}$





		Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Ulverston R.D.—</b>													
Year—													
1951	.....	224	*13.5	271	*16.3	3	13	nil	nil	5	22	3	13
1950	.....	232	13.9	228	13.6	7	29	nil	nil	4	17	2	9
1949	.....	234	14.0	254	15.2	8	33	nil	nil	5	21	—	—
1948	.....	282	16.4	219	12.7	12	40	nil	nil	5	17	—	—
1947	.....	282	16.9	245	14.7	3	10	nil	nil	10	35	—	—
1946	.....	276	16.6	226	13.6	11	38	nil	nil	12	43	—	—
Average rate—1946-50.....		—	15.6	—	14.0	—	30	—	nil	—	28	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.09) = 14.7 per 1,000.  
death-rate (comparability factor, 0.81) = 13.2 per 1,000.

<b>Warrington R.D.—</b>													
Year—													
1951	.....	487	*13.6	241	*6.7	7	14	nil	nil	19	39	9	18
1950	.....	429	13.0	225	6.8	20	45	nil	nil	12	28	5	12
1949	.....	417	15.1	228	8.3	12	28	nil	nil	21	50	—	—
1948	.....	448	16.5	213	7.8	11	23	1	2.17	16	35	—	—
1947	.....	440	18.8	229	9.8	12	26	1	2.21	25	56	—	—
1946	.....	454	19.8	222	9.6	16	34	2	4.25	31	68	—	—
Average rate—1946-50.....		—	16.4	—	8.4	—	31	—	1.77	—	48	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.24) = 16.8 per 1,000.  
death-rate (comparability factor, 1.40) = 9.4 per 1,000.

<b>West Lancashire R.D.—</b>													
Year—													
1951	.....	590	*14.2	526	*12.6	11	18	1	1.66	24	41	18	31
1950	.....	627	14.0	431	9.6	18	28	1	1.55	20	32	13	21
1949	.....	669	15.2	429	9.7	23	33	nil	nil	22	33	—	—
1948	.....	708	16.0	421	9.5	27	36	nil	nil	23	32	—	—
1947	.....	787	18.9	430	10.3	12	15	2	2.50	29	36	—	—
1946	.....	769	19.1	452	11.2	24	30	3	3.78	38	49	—	—
Average rate—1946-50.....		—	16.6	—	10.1	—	28	—	1.64	—	37	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 0.95) = 13.4 per 1,000.  
death-rate (comparability factor, 1.06) = 13.4 per 1,000.

<b>Whiston R.D.—</b>													
Year—													
1951	.....	564	*13.0	394	*9.1	8	14	nil	nil	18	32	13	23
1950	.....	613	15.6	333	8.5	9	14	2	3.22	26	42	16	26
1949	.....	555	14.3	303	7.8	14	25	1	1.76	24	43	—	—
1948	.....	556	14.4	305	7.9	9	15	nil	nil	41	73	—	—
1947	.....	679	18.5	335	9.1	19	27	2	2.86	56	82	—	—
1946	.....	649	18.5	326	9.3	14	21	1	1.50	52	80	—	—
Average rate—1946-50.....		—	16.2	—	8.5	—	21	—	1.92	—	65	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 13.0 per 1,000.  
death-rate (comparability factor, 1.14) = 10.4 per 1,000.

<b>Wigan R.D.—</b>													
Year—													
1951	.....	117	*14.8	116	*14.7	1	8	nil	nil	3	26	2	17
1950	.....	103	12.8	103	12.8	2	19	nil	nil	nil	nil	nil	nil
1949	.....	130	16.3	99	12.4	2	15	nil	nil	3	23	—	—
1948	.....	151	19.0	82	10.3	2	13	nil	nil	6	39	—	—
1947	.....	148	19.4	88	11.5	4	26	nil	nil	9	60	—	—
1946	.....	131	17.4	88	11.7	3	22	1	7.46	3	22	—	—
Average rate—1946-50.....		—	16.9	—	11.8	—	19	—	1.48	—	32	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.00) = 14.8 per 1,000.  
death-rate (comparability factor, 1.01) = 14.8 per 1,000.

## ADMINISTRATIVE COUNTY

The neo-natal mortality rate (deaths under four weeks of age) was introduced for the first time in 1950 and comparative figures for earlier years are not available.

For explanation of use of comparability factors see pages 15 and 17.

	Live births		Deaths (all causes)		Stillbirths		Maternal mortality		Infant mortality Total		Neo-natal	
	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
<b>Aggregate of County Urban Districts—</b>												
Year—												
1951	..... 25,605	*14.79	24,630	*14.23	673	26	20	0.76	741	29	481	19
1950	..... 26,537	15.22	22,980	13.18	684	25	24	0.88	873	33	532	20
1949	..... 27,983	16.18	22,562	13.05	727	25	24	0.84	1,099	39	—	—
1948	..... 30,063	17.48	20,641	12.00	803	26	37	1.19	1,226	40	—	—
1947	..... 35,151	20.87	22,326	13.25	952	26	49	1.35	1,662	47	—	—
1946	..... 30,865	18.63	21,239	12.82	1,009	31	40	1.25	1,442	46	—	—
Average rate—												
1946-50	..... —	17.65	—	12.86	—	27	—	1.12	—	42	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.01) = 14.94 per 1,000.  
death-rate (comparability factor, 1.01) = 14.37 per 1,000.

**Aggregate of County Rural Districts—**

Year—												
1951	..... 4,196	*13.62	3,640	*11.82	79	18	1	0.23	129	31	86	20
1950	..... 4,281	14.09	3,305	10.88	117	27	7	1.59	131	31	81	19
1949	..... 4,324	14.85	3,140	10.78	109	25	8	1.80	140	32	—	—
1948	..... 4,498	15.64	2,928	10.18	117	25	1	0.21	161	35	—	—
1947	..... 4,986	18.12	3,188	11.59	114	22	7	1.37	229	45	—	—
1946	..... 4,599	17.09	3,046	11.32	128	27	12	2.53	222	48	—	—
Average rate—												
1946-50	..... —	15.91	—	10.94	—	25	—	1.50	—	39	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.08) = 14.71 per 1,000.  
death-rate (comparability factor, 1.03) = 12.17 per 1,000.

**Administrative County—**

Year—												
1951	..... 29,801	*14.62	28,270	*13.86	752	25	21	0.69	870	29	567	19
1950	..... 30,818	15.06	26,285	12.84	801	25	31	0.98	1,004	33	613	20
1949	..... 32,307	15.99	25,702	12.72	836	25	32	0.97	1,239	38	—	—
1948	..... 34,561	17.21	23,569	11.74	920	25	38	1.07	1,387	40	—	—
1947	..... 40,137	20.48	25,514	13.02	1,066	25	56	1.35	1,891	47	—	—
1946	..... 35,464	18.42	24,285	12.61	1,137	31	52	1.42	1,664	46	—	—
Average rate—												
1946-50	..... —	17.40	—	12.58	—	27	—	1.17	—	41	—	—

\* 1951 adjusted { live birth-rate (comparability factor, 1.02) = 14.91 per 1,000.  
death-rate (comparability factor, 1.02) = 14.14 per 1,000.



# INDEX

	Page		Page
Accidents, deaths due to	20, 142-147	Gas/air analgesia	41, 45
Accommodation provided—Welfare Services	76, 168-175	Gastritis, enteritis and diarrhoea	142-147
Acute encephalitis	122, 123	Grants to local authorities—	
Acute poliomyelitis	121, 123, 124, 142-147	drainage and sewerage	96
Adjusted birth-rates	15, 134-141, 182-204	housing	109
death-rates	17, 134-141, 182-204	water supplies	95
Adulteration, food and drugs	115		
Aged and infirm, welfare of	76	Handicapped persons, welfare of	79
Agencies for supply of nurses	74	Health centres	29
Aleukacmia	142-147	Health services, general provision of	24
Ambulance Service	54	Health visiting	45
Analgesia, gas/air	41, 45	Heart disease	18, 142-147
Analyses, food and drugs	115	Home help service	69
milk	116	Home nursing	46, 163
Angina, etc.	142-147	Homes, for the blind	175
Antenatal clinics	31, 155	mother and baby	37, 160
Area, Administrative County	11	nursing	74
health divisions	25	Homicide, etc.	20, 142-147
urban and rural districts	134-141	Hostels for aged and infirm	68
Ashbins, movable	97	accommodation provided	168-169
Ashpits, dry	97	Houses, for midwives	42
Atmospheric pollution	98	for nurses	47
		let in lodgings	104
B.C.G. vaccination	65	Housing	109, 148-153
Birth-rates	14-16, 133-141, 182-204	Hyperplasia of prostate	142-147
Births	14-16, 40, 134-141, 182-204	Hypertension with heart disease	142-147
Blind persons, welfare of	79, 175		
Bronchitis	20, 142-147		
Camping sites	99	Ice-cream	113, 118
Canal boats, inspection of	104	Illegitimate births	16, 134-141
Cancer death-rates	14	Illegitimate infant deaths	23, 134-141
deaths	19, 142-147	Immunisation, diphtheria	51, 164-166
Care and after-care of sick persons	61, 167	Infant mortality	22, 134-141, 182-204
Care of mothers and young children	30	rates	14, 133-141, 182-204
pre-nature infants	36, 156-158	Infectious diseases	120
unmarried mothers and their children	37, 160	death-rates	124
Chicken pox	123	notifications	123
Child welfare centres	30, 154	Infective and parasitic diseases, other	142-147
Circulatory disease, other	142-147	Infirm, aged and, welfare of	76
Clinics, antenatal and post-natal	31, 155	Influenza	20, 142-147
family planning	34	Inspection and supervision of food	111
relaxation	33	Inspection of County Districts	104
Closet accommodation	97		
Common lodging houses	104		
Comparability factors	15, 17, 182-204	Leukaemia	142-147
Congenital malformations	142-147	Licences, agency, for supply of nurses	74
Convalescent home care	61	Licences, milk	111
Coronary disease, angina	142-147	Live births	14, 134-141, 182-204
		Lodging houses, common	104
		Lodgings, houses-let-in	104
Day nurseries	37, 161, 162		
Deaf or dumb, welfare of	83	Malignant neoplasms	19, 142-147
Death-rates	14, 16, 133-141, 182-204	Mass radiography	64
Deaths	16, 134-141, 142-147, 182-204	Maternal mortality	21, 134-141, 142-147
causes of	18-23, 142-147	investigation of	21
infant	22, 134-141, 182-204	rates	14, 134-141, 182-204
maternal, investigation of	21	Measles	121, 123, 124, 142-147
neo-natal	23, 134-141	Meat and other foods	112
transferable	21	Medical aid forms	43
Dental care of mothers and young children	34	Medical examinations	73
Diabetes, deaths from	142-147	Meningococcal infection	121, 123, 124, 142-147
Diphtheria	120, 123, 124, 142-147	Mental health	70
immunisation	51, 164-166	Middens, privy	97
Disinfection	129	Midwifery	41
Disinfestation	102	Midwives, domiciliary, births attended by	43
Divisional health administration	24	housing of	42
Drainage and sewerage	96	motor transport for	42
Dry ashpits	97	roll of	42
Dysentery	123	Milk	111
		adulteration of	116
Encephalitis, acuto	122, 123	in schools	111
Erysipelas	123, 124	licences	111
Evening helps	67	Mother and baby homes	37, 160
		Mothers and young children, care of	30
Factories, etc., inspection of	103	Motor transport, midwives	42
Family planning clinics	34	nurses	47
Financial assistance (see Grants)		Motor vehicle accidents, deaths due to	20, 142-147
Food, inspection and supervision of	111	Movable ashbins	97
Food and drugs, sampling	114	Movable dwellings	99
Food poisoning	114, 123, 124		
Fresh-water closets	97		

	Page		Page
National Assistance Act, 1948—		Sanitary circumstances of County .....	92
National Assistance (Deaf and Dumb Persons)		Sanitary inspections .....	98
Scheme, 1952 .....	83	Scarlet fever .....	122-124
National Assistance (Handicapped Persons) (General)		Sewerage, etc. ....	96
Scheme, 1952 .....	86	Shops Act, 1950 .....	130
Section 47 (compulsory removal) .....	75	Smallpox .....	120, 123, 124
Welfare services .....	76, 168-175	vaccination against .....	48
Neo-natal mortality .....	23, 134-141, 182-204	Smoke abatement .....	98
Neoplasms, malignant.....	19, 142-147	Statistics, vital .....	14
Nephritis and nephrosis .....	142-147	Stillbirths .....	16, 134-141, 182-204
Nervous system, vascular lesions of .....	19, 142-147	Streams, etc. ....	96
Night helps .....	66	Suicide .....	20, 142-147
Nurseries .....	37, 161, 162	Swimming baths and pools .....	102
Nurseries and Child Minders Regulation Act, 1948 .....	39	Syphilitic disease, deaths from .....	142-147
Nurses Act, 1943 .....	74		
Nursing Aid Service .....	67	Transferable deaths .....	21
Nursing equipment, loan of.....	62	Tuberculosis .....	21, 125-129
Nursing homes .....	74	care and after-care .....	62, 167
Nursing in the home .....	46, 163	death-rates .....	14, 21, 128, 178-180
		deaths .....	21, 128, 142-147, 178-180
Offensive trades .....	102	notifications .....	125, 176, 177
Ophthalmia neonatorum .....	37, 123, 124, 159	vaccination against .....	65
		Typhoid fever .....	122-124
Pail closets .....	97		
Paratyphoid fever .....	122-124	Ulcer of stomach and duodenum .....	142-147
Partially-sighted, welfare of .....	82	Underground sleeping-rooms .....	104
Pemphigus neonatorum .....	37, 159	Unmarried mothers and their children, care of .....	37, 160
Pneumonia .....	20, 123, 124, 142-147		
Polio-myelitis, acute .....	121, 123, 124, 142-147	Vaccination, smallpox .....	48
Population, Administrative County .....	11-13	tuberculosis .....	65
health divisions .....	25	Vascular lesions of nervous system .....	19, 142-147
urban and rural districts .....	11-13, 134-141	Violence, deaths from .....	20, 142-147
Post-graduate training, midwives .....	41	Vital statistics .....	14
nurses.....	47		
Post-natal clinics .....	31, 155	Waste-water closets .....	97
Pregnancy, childbirth and abortion, deaths from .....	21, 142-147	Water supplies .....	92
Premature infants, care of .....	36, 156-158	Welfare Services .....	76
Prevention of Damage by Pests Act, 1949 .....	102	accommodation provided .....	76, 168-175
Prevention of illness, care and after-care .....	56	Whooping cough .....	121, 123, 124, 142-147
Privy middens .....	97	Wireless Telegraphy (Blind Persons Facilities) Act, 1926 .....	82
Propaganda, prevention of illness .....	56		
Prosecutions, food and drugs .....	117		
Puerperal pyrexia .....	37, 123, 124, 159		
Puerperal Pyrexia Regulations, 1951 .....	120		
Rag Flock and Other Filling Materials Act, 1951 .....	102		
Reception centres.....	91		
Registration of blindness .....	79		
homes for disabled and/or old persons .....	90		
nursing homes .....	74		
Relaxation clinics.....	33		
Respiratory diseases, other.....	142-147		
Respiratory tuberculosis .....	21, 125-129		
death-rates .....	14, 21, 128, 178-180		
deaths .....	21, 128, 142-147, 178-180		
notifications .....	125, 176, 177		
Rivers and streams .....	96		
Rivers (Prevention of Pollution) Act, 1951 .....	96		
Roll of midwives .....	42		
nurses.....	46		
Rural Water Supplies and Sewerage Act, 1944 .....	95		



